

**Understanding Women's Experiences of Codependency**

by

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## **Dedication**

This is dedicated to all recovering codependents, especially those who shared so vulnerably and courageously in Codependent's Anonymous groups I attended and helped me begin my healing journey. This is also dedicated to all women past, present, and future that continue to inspire change and healing in the world.

### **Abstract**

The concept of codependency is one that is not well defined or understood. Current literature and research on the topic are limited which is problematic because the issue of codependency may be having large impacts on society that are going unaddressed. Ten studies were selected to answer the research question, “What are the experiences of women in codependent relationships?” The studies chosen for this review include seven quantitative studies and three qualitative studies. Eight major themes emerged from a synthesis of the findings: Experiences of Loss and Suffering, Relationship Difficulties, Living with Addictions and Substance Abuse, Maltreatment and Abuse, Mental Health Problems, Low Self-Esteem and Fear of Success, Effects of Tradition and Culture, and Empowerment and Resiliency. For further research, expanding the scope of studies on codependency to include people across genders, cultures, ages, sexual orientations and socioeconomic backgrounds is recommended. This could be significant in guiding the work of mental health professionals in the inclusive treatment of all clients and creating awareness around a phenomenon that is widely misunderstood.

*Keywords: codependency, women and codependency, Hughes- Hammer model of codependency, Melody Beattie and Codependency, Codependency Anonymous*

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## **Understanding Women's Experiences of Codependency**

The concept of codependency is one which is not well defined or understood. Current literature and research on the topic is limited which is problematic because the issue of codependency may be having large impacts on society which are going unaddressed. More research and understanding on codependency could improve client care in mental health as well as self-care practices for mental health professionals. While the research on this topic appears to have been not widely explored, the existing research appears to focus largely on women. This literature review aims to explore the existing literature on women's experiences in codependent relationships. In doing this, the intent is to further generate understanding on the concept, its origins, how it has evolved over time, the identified and emerging themes and key concepts, and critiques that may potentially aid in the ability to properly address the impact of codependency on the lives of women.

### **Research Problem**

Codependency is a phenomenon that has been generating interest among theorists, researchers, and mental health professionals for the past several decades. Its construct, however, has sparked much controversy, and there is still a lack of agreement on a definition of the term. Although codependency has grown more prominently in clinical literature since its emergence in the 1940s in the US, it is still not fully understood because it seems to exhibit many forms (Bacon et al., 2020). The prevalence of codependency is difficult to determine because of the lack of a universally accepted definition. Early studies of codependency indicated that it has been observed to be closely associated with women's health (Martsof et al., 2000). Many authors estimate that up to 96% of the female population may suffer from codependency (Kaminer, 1990; Schaef, 1986; Whitfield, 1989). Due to the lack of clarity on the definition of the term, the

objective of this literature review is to gain a deeper understanding of the concept by exploring women's experiences in codependent relationships.

Codependency has been defined and conceptualized in a multitude of ways in the literature which could be the reason why it appears to be misunderstood by greater society. Much of the early research on codependency focused only on the context in relation to substance abuse and addiction. The term has been used since the 1940s when describing characteristics among individuals who are affected by a loved one's problematic use of alcohol or drugs (Bacon, 2014; Giddens, 1992; Irvine, 1993; Palmblad, 2013; Nordgren et al., 2020). Codependency was also used to describe partners and children of alcoholics who unconsciously enabled the drinking problem of the alcoholic; historical terms used for this were co-alcoholic, para-alcoholic, and enabler (Caermak, 1991; Hands & Dear, 1994; Harper & Capdevilla, 1990; Miller, 1994; Whitfield, 1984; Wormer, 1989).

Several models of codependency have emerged which have provided different viewpoints in the evolution of the construct of codependency (Bacon et al., 2020). Three models of codependency emerged from the literature beginning in the 1980s and beyond which provide different perspectives on the concept. These models are: the disease model (Whitfield, 1984, 1987), the personality model (Cermak, 1986), and the interactionist model (Wright and Wright, 1991). Early definitions and models of codependency focused on diagnosis and treatment such as the disease model (Whitfield, 1984). Over the years the understanding of codependency has broadened to include more factors that are related to developing codependency rather than Whitfield's 1984 singular focus on diagnosis. The personality model of codependency by Cermak (1986) focuses on personality, hereditary and environmental factors that could predispose someone to develop codependency. The interactionist model by Wright and Wright

(1991) views the concept as a combination of internal and external factors in the development and maintenance of codependency. The variety of models and perspectives makes it difficult to come up with a common definition of the term.

The term has broadened and one of the common ways codependency is thought of is an unhealthy obsession to a relationship at the cost of one's own needs (Springer et al., 1998). The Hughes-Hammer et al. (1998b) model of codependency defined the main symptom in individuals to be a strong urge to control others to the detriment of oneself, leading to self-abandonment; with additional symptoms including low self-worth and suppression of emotions. When viewing the impacts of codependency on mental health, there has been found to be a strong, positive correlation between codependency and depression (Carson & Baker, 1994; Hughes-Hammer et al., 1998a). A study by Hughes-Hammer et al. (1998a) showed a positive correlation between codependency and depression in women from a sample with a mean age of 42 years and a later study by Martsolf et al. (2000) replicated these findings in a sample of older women with a mean age of 74. Another study by Marks et al. (2012) found codependent traits positively associated with stress, anxiety, low self-esteem and depression in a sample of adults aged 18-70. A later study by Gottuso (2021) confirmed the association between codependency and negative mental health outcomes. Codependency was positively correlated with measures of depression, worry, anxiety and stress, and was negatively correlated with autonomous functioning, self-esteem, self-confidence, and satisfaction with life. Cullen and Carr (1999) found that there was a correlation between psychological adjustment problems and codependency, with more psychological symptoms being reported by the high codependency group such as anxiety, depression, somatic complaints, and social dysfunction, as well as higher compulsivity and lower self-esteem. Although many signs and symptoms of codependency have been identified in the

existing research, codependency is not identified as an official mental illness in DSM-5. This adds to the problem because mental health professionals who use the DSM-5 to guide practice are unable to consistently and accurately identify and treat issues resulting from codependency.

Much of the existing literature, while limited, focuses on the effects of codependency on women which is the focus of this paper. The early origins of the term “codependence” referred to a psychological problem which may present in individuals who live with an alcoholic (Gomez & Delgado, 2003). A codependent is also sometimes referred to as an “Enabler”, a term used in the addiction field to refer to a family member who is impeding recovery in an attempt to protect the alcoholic (Wegscheider, 1981). Statistically, there are more wives than husbands of alcoholics; Kinney and Leaton (1978) estimated that nine out of ten women will stay with an alcoholic spouse while nine out of ten men will not. Historically there has been a higher number of alcoholic males than females in treatment, adding to women typically being portrayed as the alcoholic spouse in the literature (van Wormer, 1989). This finding may explain why women are found more commonly in the literature on codependency. However, the feminist perspective on codependency views women’s socialization as making them a target for being labelled as codependent (van Wormer, 1989). The literature applies the concept of codependency to females in dysfunctional relationships and can be blaming and labeling towards women while not considering political, social and economic factors (Granello et al., 1998).

Since research has shown that negative mental health issues are associated with codependency in women, there is a need to conduct further research to gain a better understanding of the phenomenon which could help identify strategies for prevention and mitigation of negative effects. There is a lack of clarity on the concept because of the variety of perspectives. Because of the complexity of issues surrounding the concept of codependency,

research on the experiences of women in codependent relationships might lead to a better understanding of the phenomenon. This research could eventually empower women to overcome the impacts of codependency and enable therapists to develop interventions and effective solutions to codependency.

### **Justification**

Understanding the experiences of codependency in women could be significant in guiding the work of mental health professionals in treating clients and creating awareness around a phenomenon that is widely misunderstood. The impacts of codependent behaviors and characteristics exist on such a wide spectrum that no one is completely immune to, much like how no one is immune to mental health problems. Several studies have confirmed the correlation between codependency and mental health problems in women. In their study, Hughes-Hammer et al. (1998) attempted to identify the prevalence of codependency in women in treatment for depression by measuring a sample of 105 depressed women using the Beck Depression Inventory and the Codependency Assessment Tool. They found that of the depressed women, 36% were moderately to severely codependent. The study revealed that all dimensions of codependency have a strong positive correlation with depression and a lack of focus on codependency issues in treatment could be problematic in the persistence of depressive symptoms.

Results from a study by Carson et al. (1994) also indicated that codependent women experience depression and as the severity of codependency increases, the intensity of depressive symptoms also increases. Considering how depression negatively impacts women's lives, it is important to unravel how it is linked with codependency to gain deeper insights into the roots of the problem. A broader understanding of the phenomenon could prove beneficial for clients,

clinicians, and the greater society. This literature review on the impacts of codependency in women could provide valuable information that may serve as the foundation for the development of potential appropriate interventions and treatments to address issues attributed to codependency. Thus, findings from this paper could be instrumental in helping create more successful client outcomes, enhance the competence of clinicians to address the problem, and advance knowledge about codependency in the field of psychology.

The large-scale impact of codependency and how it can potentially impact women's lives, regardless of her other identities: i.e., culture, geographical location, sexual orientation, socioeconomic status, marital status, etc. could possibly speak to a larger systemic issue which further provides justification for exploring the topic. The feminist perspective of the construct argues that many stigmatizing behaviors and traits classified as codependent are culturally conditioned and prescribed as gender norms for women, however women are often pathologized for following this cultural conditioning and blamed for coinciding maladaptive behaviors they may exhibit as a result; all while ignoring the social context of gender inequity and power imbalances (Cowan & Warren, 1994). Further understanding the impacts of codependency in women's lives could be beneficial to clients and clinicians in therapeutic settings. By understanding how codependency manifests and impacts clients' lives, clinicians can be guided by the research to ensure they are using evidence-based treatments and best practices which may result in more successful outcomes for their clients. With more clarity on the concept of codependency, researchers may be more motivated to explore other important aspects of the phenomenon that could lead to increased access to methods of formal education, training and resources for future mental health professionals in the area of codependency.

Furthermore, examining the experiences of women in codependent relationships could shed light on how they could be intertwined with the structures of society. A more in-depth understanding of the factors of codependency and its mental health impacts on women could be a small but significant step in the process of true empowerment and real transformation of women.

### **Research Question**

The literature on the evolution of the concept of codependency reveals the emergence of varied theoretical perspectives and models. However, there are still concerns about the lack of a consensus in relation to a definition of the concept. Exploring women's experiences of codependency could shed light on various aspects that need to be critically examined which could lead to a better understanding of the phenomenon and how the issues could be effectively addressed. This literature review aims to explore the experiences of women in codependent relationships and the impacts on their mental health. Specifically, it seeks to answer the research question, "What are the experiences of women in codependent relationships?"

### **Researcher's Position**

As the researcher, it is important to be transparent of my position in relation to the research to ensure objectivity in the conduct of the research. At the time of writing, I, the researcher identify as a 33-year-old Chinese lesbian woman born and raised in Edmonton, AB, Canada to immigrant parents from Malaysia with a Catholic upbringing and middle-class background. I understand there are powerful influences in my lived experience and from my identities that could impact heavily on the research process. This impact could also be exacerbated by the fact that the research topic is of personal significance to me as it is related directly to my experience as a woman recovering from codependency through the 12 Step

Codependents Anonymous program and my own experiences with mental illness in conjunction with my learning as an intern therapist.

I had first truly heard of and understood the term codependency and how it related to my experience in relationships after a relationship break up in August of 2019, prior to my first year in attendance in the Master of Counselling program at City University in Edmonton, AB commencing in October 2019. I learned that the concept of codependency was developed based on the 12-step model of recovery with groups such as Al-Anon, Codependents Anonymous and Adult Children of Alcoholics, forming to aid in recovery from codependency (Irvine, 1995; Palmblad, 2013; Rotunda & Doman, 2001). I began attending 12 Step Meetings in the Codependents Anonymous Edmonton chapter recovery group in September 2019 and attended two step study groups – working through one step every week in a women’s only group. The first step study was very transformational as it was in person and the second was also very helpful after having the foundation, as well as for creating connection during the pandemic online. The overlap of codependency recovery with studying concepts of psychology in the Master of Counselling program has allowed me to explore the connection between the two concepts over time through my own healing journey. I presented on the topic of Codependency in my addictions class to my cohort and was surprised at the lack of knowledge surrounding the term from a group of future therapists. The genuine interest expressed by my peers in gaining a better understanding on the topic of codependency from the standpoint of a mental health professional shows promise to potentially a possibility for future training and development in the field. This has inspired me to explore this understanding further in the efforts to expand and share the knowledge I am gaining and how it can be beneficial to clients, clinicians, and greater society.

As an intern therapist, I recognized a pattern in many clients I saw and their presenting problems. It appeared that sometimes symptoms that clients presented in therapy could possibly be related to maladaptive codependent behaviors negatively impacting the client's quality of life. The patterns I have witnessed in myself, and my clients include but are not limited to addictions, unhealthy relationships, and low self-esteem. When explored further, clients typically had some form of history of childhood trauma or neglect in their family of origin. I engaged in rigorous supervision throughout my internship and participated in ongoing personal therapy to ensure that I can be accountable for countertransference in the process of therapy as a clinician and to ensure I am able to maintain objectivity in my role as a therapist as well as a researcher in the process of conducting this literature review. Self-reflection, self-care, transparency and continuous feedback from my supervisor helped me as the researcher to maintain an objective stance throughout the research process.

### **Review of Related Literature**

This section presents a brief overview of the research done on codependency to provide background and understanding of issues related to the research topic. It begins with a historical overview of research on codependency with a succinct explanation of key concepts, patterns and characteristics of codependency. This is followed by a review of studies focusing on women in codependent relationships from which relevant information was drawn in generating the direction of this review. It concludes with a description of the theoretical framework(s) that guided the design and direction of the study and served as a lens for the analysis and interpretation of results.

## **Overview of Research on Codependency and Key Concepts**

Across the literature on codependency, researchers have made attempts to define it with no major consensus on the term. Many different origins and definitions make the term convoluted and difficult for the layperson to understand. There is not a lot of clarity on the topic. However, Bacon et al. (2020) who used an Interpretive Phenomenological approach in her study, found this lack of clarity on the concept in a positive light. It enabled a range of complex and diverse lived experiences to be captured and provided meaning and hope for the self-identified codependent participants seeking recovery. Although the participants had a rather medical understanding of codependency, they did not find stigma in their encounter with the ensuing diagnostic label. Instead, their understanding of codependence offered relief and a socially shared meaning for their lived experiences and a hope that they could manage their challenges more effectively (Bacon, et al., 2020).

In popular literature, Melody Beattie is most well-known, as a recovering codependent and one of the most popular authors on the topic of codependency. She has reached a mass public audience with her many books: *Codependent No More* (1987), *Beyond Codependency* (1989), *Codependent's Guide to the Twelve Steps* (1990a), *The Language of Letting Go* (1990b), providing a solid foundation for scholarly research on the topic (Messner, 1997). Written from a lens of her own life experiences as a recovering addict and recovering codependent, Beattie (1987) defines a codependent as someone “who has let another person’s behavior affect him or her, and who is obsessed with controlling that person’s behavior” (p. 31). Over the decades since the term was coined, it is difficult to determine a singular origin or definition.

The early origins of the term “codependence” referred to a psychological problem which may present in individuals who live with an alcoholic (Gomez & Delgado, 2003). As mentioned

earlier, a codependent is also known as an “Enabler”, a term used to refer to a family member who is hampering recovery in the belief of protecting the alcoholic (Wegscheider, 1981). As well, statistically, there are more wives than husbands of alcoholics; Kinney and Leaton (1978) estimated that nine out of ten women will remain with an alcoholic spouse while nine out of ten men will not. It has been noted that there has been a higher number of alcoholic males than females in treatment, which adds to women typically being depicted as the alcoholic spouse in the literature (van Wormer, 1989). This finding may also explain why the focus of the literature on codependency is often on women. Many authors estimate that up to 96% of the female population may be codependent (Kaminer, 1990; Schaef, 1986; Whitfield, 1989). Other terms that are synonymous with the general term “codependency” in mass media are “love addiction” and “sex addiction” (van Wormer, 1989). Sex addiction as defined in the International Classification of Disease, Eleventh Revision (ICD-11) is a compulsive sexual behavior disorder (Weiss, 2019). Like codependency, there is a lack of research on love addiction which makes it another concept that has been difficult to conceptualize and may overlap with codependence and sex addiction (Sussman, 2010).

### ***Models of Codependency***

Over the years the understanding of codependency has broadened to include more factors that are related to developing codependency rather than Whitfield’s 1984 singular focus on diagnosis. Early definitions and models of codependency focused on diagnosis and treatment such as the disease model (Whitfield, 1984). The disease model focuses on clinical interventions and sees codependency as a disease to be treated (Whitfield, 1984, 1987). The personality model of codependency by Cermak (1986) focuses on personality, hereditary and environmental factors that could predispose someone to develop codependency. The personality model considers

factors in a person's life which might place them at a higher risk of developing codependency which takes a more preventative approach compared to the disease model which places emphasis on diagnosing codependency as a disease. The interactionist model by Wright and Wright (1991) views it as a combination of internal and external factors in the development and maintenance of codependency. The interactionist model considers both internal and external factors similar to the personality model. The complexities of family of origin systems and patterns as well as relationship dynamics in intimate partnerships appear to fit under these conceptualized models of the concept. In the literature, codependency is also often linked to family of origin issues. Subby (1984) defined the concept of codependency to be arising from anyone who grew up or currently lives in a family with a set of oppressive rules that prevent the open expression of feelings and the discussion of personal and interpersonal problems. This concept of control in childhood was also found in a study by Bacon et al. (2020) along with a sense of abandonment from a parental figure being absent either physically or emotionally in childhood. Fuller and Warner (2000) defined codependency as an excessive focus outside of oneself related to a stressful family environment. Commonly, family of origin dynamics may appear and repeat themselves in later life intimate partner relationship dynamics.

In her research, Noriega (2002) defined codependency as:

a relationship problem, characterized by a strong dependency with a partner with psychological problems, evidenced by emotional dissatisfaction and personal suffering, and where the woman focuses her attention on taking care of the needs of her partner and others while discounting her own. It is associated with a denial mechanism, incomplete development of identity, emotional repression, and a rescuer orientation toward others.  
(as cited in Noriega et al., 2008, p. 200)

Conceptualized as a relational problem, the woman is influenced by unconscious beliefs learned in childhood (Noriega et al., 2008). It has been proposed in the past to include codependency as a disorder in the DSM (Diagnostic and Statistical Manual for Mental Disorders). Cocomeres (1987) proposed to include codependency in the DSM-IV as a “co-addiction disorder” with criteria including: staying in an intimate relationship without seeking treatment, preoccupation with the actions of the substance abuser, neglecting personal needs and attempts to protect the substance abuser. A feminist critique of the inclusion of codependency as a diagnosis is that it would allow society to label all women who follow societal conditioning to exist in a patriarchal system, as having a psychological disorder (Glenday, 1996). In the current edition of DSM-5, codependency is not included (American Psychiatric Association, 2013).

### ***Measures and the Construct of Codependency***

Several common themes and concepts appear from codependency literature which signifies a justification for continued and further research to better understand and empower those affected by codependency to help resolve related problems. Although codependency was deemed a significant health risk especially among women, the absence of a reliable and valid measure made it difficult to identify codependent individuals. Hughes-Hammer et al. (1998b) developed and tested a Codependency Assessment tool that could be used to identify codependent individuals. The instrument conceptualizes codependency as a construct composed of 5 factors: other focus/self-neglect, low self-worth, hiding self, family-of-origin issues and medical problems. Other psychological factors found to be associated with codependency include low self-esteem (Carson and Baker, 1994), need to be needed and seek approval from others (Frank & Bland, 1992; Uhle, 1994), a need to be in control, and an urge to change and control others (Fagan-Pryor & Haber, 1992; Wright & Wright, 1991), a willingness to suffer

(Collins, 1993), inability to keep clear boundaries between self and significant others (Fagan-Pryor & Haber, 1992; O’Gorman, 1993), and numbing or denial of feelings (Mannion, 1991; Morgan 1991). There is no clear agreement however among the researchers on the construct of codependency since it seems to take many forms and cannot be fully understood through pre-determined characteristics or categories (Bacon, 2020).

Furthermore, Dear et al., (2004) conducted a systematic thematic analysis of 11 published definitions of codependency and found four common elements in their research: external focusing, self-sacrifice, interpersonal conflict and control and emotional constraint, which confirm the preceding research. Codependent patterns of behaviour have also been described as having an external locus of control for validation (outside people or things) (Seligman, 1975), a hypercritical focus on one’s actions and performance and an exaggerated sense of responsibility for those they love especially in intimate relationships (Smalley, 1981), as well as a high tolerance for inappropriate behaviors oscillating between acceptance and rage (Smalley, 1987). Other common problems shown to be associated with codependency in the research reiterate the above themes: low self-esteem (e.g., Chang, 2010; Cullen & Carr, 1999; Springer et al., 1998), relationship distress (e.g., Chen & Wu, 2008; Cullen & Carr, 1999; Springer et al., 1998; Wells et al., 2006) and other psychological adjustment problems including anxiety, depression, somatic complaints and social dysfunction (Chang, 2010; Cullen & Carr, 1999; Springer et al., 1998). In a related light, commonly identified behaviours in the research appear to be similar in nature and potentially could be expressed on a continuum of severity depending on the individual. For instance, Dear et al. 2004 describe emotional constraint which may appear as suppression of emotions in one individual experiencing codependency while another individual may oscillate between acceptance and rage as described by Smalley (1981)

exhibiting excess emotionality. The lack of consensus on defining codependency may be exhibited in a multitude of various forms of characteristics and behaviours that are dependent on individual circumstances. Gaining a better understanding of common themes and patterns of codependency and how women particularly are affected by the resulting problems that can occur could provide valuable information relevant to the development and design of interventions that could mitigate the mental health impacts of codependency.

### **Studies on Women in Codependent Relationships**

Different studies have been explored on various types of codependent relationships women are involved in. This section provides a brief overview of different ways in which women experience codependency in relationships, such as relationships between lesbians, women who have a partner suffering from addiction and women in caregiving professions. Understanding how codependency may manifest in women's relationships may provide guidance in the prevention of interpersonal problems and strategies for healthier relationships.

#### ***Lesbians and Codependency***

Since the focus of this paper is on the experiences of women in codependent relationships, it is important to also acknowledge and consider the research that has been done specifically on women who identify as lesbians and their experience with codependency compared to women in heterosexual relationships. Internalized homophobia could be unconscious and aggravated by a therapist if important parts of lesbian women's experiences are avoided, minimized, or left out of the counselling process (Kasl, 2002).

Discrimination is commonplace for lesbians which is addressed in the literature which has led to recommendations on approaching treatment. Special training and consciousness raising groups are recommended for heterosexual therapists to counsel lesbian women

effectively to understand the impact of homophobia on every aspect of a woman's life (Kasl, 2002). Treating two lesbian women in a relationship can be easier because of the shared common language, however, they often deal with discrimination from society bringing in an added challenge of integrating and accepting their identity which can affect their relationships (Smalley, 1987). Being part of a marginalized group, lesbians focus on survival because often any action counter to the dominant group carries risks of ostracism, economic hardship or psychological isolation making it sometimes difficult to uncover sex addiction (Miller, 1976). Lesbians may be resistant to admitting that parts of their sexuality or relationships are maladaptive due to fear of the problem being connected to their identity as a lesbian and being perceived by others as something inherently wrong with them, rather than a common relationship problem (Kasl, 2002). There is also less stereotyping of actively sexually addicted women in the lesbian community compared to that of a heterosexual woman leading to challenges in breaking through to underlying addictive or codependent behaviours (Kasl, 2002). Smalley (1981) who wrote on dependency issues in lesbian relationships defined codependency as exaggerated, painful, extreme reactive dependency characteristics.

Smalley (1987) in writing on her experience counselling a population of lesbian women (white middle-class lesbians aged 25 to 55 years old) found them to experience job satisfaction and success in their personal lives, however, codependent patterns held them back in love, intimacy and relationships. Common characteristics found in this demographic of lesbians were unequal partnership and pedestaling (placing partner higher or lower than themselves), lack of mutuality in relationships, relationships starting with a "new" and an "old" lesbian and avoidance of intimacy in push-pull dynamics of one partner being unsure of their lesbian identity and therefore the relationship often causing drama and tumultuous dynamics (Smalley, 1987).

Cognitive restructuring aids in addressing the codependent characteristic of defining oneself by another's behaviour (i.e., "we must not live apart or I am nothing" vs "I prefer we not live apart, but if we do, I am somebody.") (Smalley, 1987, p. 134).

### ***Women and Partners with Addiction***

The origins of codependency came from shifting focus from addicts and alcoholics to the problems experienced by their spouses. Studies on experiences of codependency for women with partners with addiction have resulted in various findings. Cermak (1986) found that wives of alcoholic men experience issues with boundaries compared to wives of non-alcoholic men. This is consistent with how Fagan-Pryor and Haber (1992) defined codependency as an inability to keep clear boundaries between self and significant others. Schaefer (1992) argued that wives of addicts avoid the pain of being married to an addict by focusing on external things – people, objects and other situations to increase their sense of control and self-worth which is also consistent with Dear et al.'s (2004) finding of one of the four common elements of codependency: external focusing.

A study from a feminist perspective by Peled and Sacks (2008) avoided labelling women as codependent, but rather conducted and analyzed in depth interviews of wives of alcoholics. In the study, the women identified their meaning and self-fulfillment in their roles as mothers and wives rather than the classical codependent narrative which attributes women staying in relationships for emotional and relational reasons (Beattie, 1987; Subby & Friel, 1984). The women identified relationship problems as a matter of circumstances rather than their personality and it was not a choice for them to end up with an addict, but through perseverance and their self-identified strengths and efforts they attempted to have a "normal" family life despite distressing circumstances of living with an addicted partner (Peled & Sacks, 2008).

### *Caregiving Professions and Codependency*

The highest codependency levels exist not only based on gender, but also on occupation: psychologists, registered nurses, family physicians and social workers (Martsolf et al., 1999) showing that not only clients, but also clinicians are at risk of codependence. However, a study looking at levels of codependency in both men and women in helping professions in a mid-Atlantic and mid-Western state (nurses, family physicians, social workers and psychologists) found opposing evidence that indicated most subjects in the study reported low codependency (Martsolf et al., 1999).

Norwood (1993) reported that women who have unmet needs in dysfunctional families often prefer professions such as nursing, psychotherapy and law. The relationship between these professions and the clients they help is often in the context of caregiving, which has the potential to become codependent in nature and create a multitude of problems for both clients and clinicians in these dynamics. This is a major reason why it is important for therapists (and other caregiving professionals) to be aware of their own behaviors and history for possible connection with childhood trauma and codependency to effectively support their clients (Lynch, 2006). While the focus of this paper is on women's experiences of codependency, the studies mentioned above point to a possible significant link between codependency and occupation which could be another reason for further research in this area.

### **Theoretical Framework**

In the research literature on codependency, various theoretical frameworks have been utilized to conceptualize and analyze the phenomenon. For instance, social attribution theory has been applied to the codependent label as it describes people's need for a label to explain distressing and non-normative experiences (Heider, 1958; Kelly, 1973; Kelly & Michella, 1980;

Weiner, 2008). Assigning meaning to experiences of women in codependent relationships may provide comfort and increase self-awareness and the potential for women to feel more empowered to incite change despite difficult circumstances. When analyzing the literature, it may be beneficial to use these principles to better understand how the codependent label is used or not used and how women make meaning from their experiences in codependent relationships.

Other theories that commonly guide research studies on codependency include Bowen theory, Feminist theory and Attachment theory which are explored further in this section. Bowen theory is a common theoretical framework used in conjunction with analysis on codependency. Bowen's (1974, 1978) theory of differentiation posits that the degree to which people can develop a sense of self is determined by their differentiation from their family of origin. Dear et al. (2004) extrapolate this to their findings suggesting that having chameleon-like behaviour to fit in shows an undifferentiated sense of self. A lack of sense of self and chameleon blending in to fit into social situations to gain a sense of safety and belonging was also found as a theme in a study on the lived experience of codependency by Bacon et al. (2020). The goal of differentiation of self in Bowen theory helps an individual to maintain cognitive functioning when processing emotions and maintain a separate self during relationship distress (Klever, 2005). Applying Bowen's theory of differentiation in the context of women in codependent relationships may help empower women to differentiate themselves from the person they are in a relationship with, so they are able to develop their own sense of self and enact boundaries to create a healthier dynamic and potentially decrease negative mental health impacts. When analyzing the literature, the principles of Bowen theory may be beneficial to understand issues of codependency related to family of origin.

Feminist theory provides a more critical perspective of the term codependency, especially as it relates to women. Four main issues are identified in the feminist critique of codependency: First, there is a lack of empirical evidence for codependency, with no significant differences found between wives of alcoholics vs wives of non-alcoholic men (Babcock & McKay, 1995; Miller, 1994; Rotunda & Doman, 2001). Secondly, family systems approaches to addiction and codependency do not consider gender inequality and patriarchal societal impacts (Goldner, 1993; Jordan et al., 1991). Third, the stigmatizing nature of viewing codependency as an illness does not consider the positive aspects of women's caring and concern but rather considers these traits a pathological disorder, and the label of codependent causes guilt and distress (Asher, 1992; Banister & Peavy, 1994; Collins, 1993; Harper & Capdevila, 1990; Hurcom et al., 2000; Lederer & Brown, 1991). Last, the criticism for women staying with alcoholic spouses ignores the social expectation of women's roles, economic dependence, and the social environment and can be seen as oppressive towards women (Bepko, 1986; Burnett, 1984). Feminist theory views the concept of codependency not as an individual problem but as a societal construct based on larger factors of inequality and gendered power imbalances. The feminist perspective and principles are important to consider when reviewing the literature on women's experiences of codependency.

As discussed earlier with family of origin issues being connected with codependency, (Subby, 1984); attachment theory appears to be closely related and a significant theoretical framework to study in conjunction with the concept, particularly interrelationships between parenting, attachment and codependency as studied by Gottuso (2021) in college students. A possible outcome to negative attachment experiences in childhood resulting in low self-esteem, may be codependency (Marks et al., 2012). According to Ainsworth and Bowlby's (1991) research on attachment behavior, infants react to distress in various ways in an attempt to

connect to their attachment figure to feel safe. These patterns appear to be repeated later in life and may develop into codependent relationships as an adult. Smalley (1987) identified codependency as a pattern, not as an illness – learned pattern of behaviors, feelings and beliefs with the common purpose being the avoidance of pain which displays in various forms as contained in the following:

“If I just stay close, I’ll be OK”

“If I just stay distant, I’ll be OK”

“If I just stay in control, I’ll be OK”

“If I just give enough, I’ll be OK.” (Smalley, 1987, p. 126)

This extreme focus on relationships, especially intimate relationships is characterized by extreme avoidance or attachment (Smalley, 1987).

The goal in attachment theory to move toward a more secure attachment style can have benefits such as becoming more self-reliant, confident and resilient (Sable, 2007). Higher emotional resilience, cognitive ability and behavioural flexibility attributed to a secure attachment style can be beneficial to relational functioning in the development of secure attachment to others (Daire et al., 2012). When looking at the traits of secure attachment, they appear to be opposite to codependent characteristics. Thus, creating awareness for women about attachment could be helpful in empowering them to move toward first, healthier functioning individually and as a result, healthier functioning in relationships. While reviewing the literature, it would be beneficial to understand the principles of attachment theory and how it relates to codependency in women.

This paper will draw on a combination of the principles of the theoretical frameworks discussed in this section to critically analyze the research on understanding women's experiences of codependency.

## **Methodology**

### **Literature Search**

My personal journey with codependency began after a particularly devastating breakup in August 2019. In the aftermath of this relationship, and after a string of several unhealthy relationships, I was able to find and attend Codependents Anonymous 12 Step Recovery meetings which began in September 2019 prior to starting the Master of Counselling program in October 2019. I found myself on a path of significant healing and processing of trauma over the past several years, in conjunction with formal learning through City University courses and therapeutic practice in my time as an Intern Therapist at The Family Centre. Before entering the program, I was aware of the Capstone research requirement and wanted to choose a topic of personal significance and meaning in my life to stay engaged and motivated to complete the project. Throughout the degree, I tried to incorporate more learning of codependency to provide a solid foundation of understanding to begin my Capstone project. When searching for literature I began initially with the broader research proposal topic in the fall of 2021 "understanding the impacts of codependency on mental health". For this search, I used the City University of Seattle Library's full catalogue as a framework and search terms included "codependency and mental health" and "codependency and boundaries". Research from the development and testing of the codependency assessment tool appeared to be referenced in most articles on codependency and this led me to use "Hughes Hammer model of codependency" as a search term to find more sources (Hughes-Hammer et al., 1998).

When the research topic was narrowed down to focus on women and codependency, many of the initial articles while still relevant were mostly used as related literature on the topic of codependency. Meeting with a City University librarian aided in identifying how to use specific databases in the library related to counselling and psychology to narrow the search. The database PsychInfo+Psycharticles was used often to find more relevant articles on the topic. Search terms included “women and codependency”, “co-dependency and women”, “codependency or codependence or codependent”, “women or female or woman or females and codependent”. Initial findings were sparse and appeared problematic because most articles found were published decades ago, particularly in the 1990s. Some of the related literature on the topic was found when looking in the reference lists of relevant articles to obtain more information on specific areas. Hitting these roadblocks led me to use Google Scholar as a database to try to widen my search online to try to obtain more current articles to be more relevant to present day knowledge on the topic. At this time, I began to narrow down the search again with articles available in the last few years and used this as a search parameter.

Also, as I began to assess the literature, more pockets of information became relevant to the topic such as “lesbians and codependency” as well as common theoretical frameworks on the topic which led me to use search terms such as “Bowen and codependency” and “Melody Beattie and codependency”. Inclusion criteria for the core articles were that these are peer-reviewed primary studies focusing on women’s experiences of codependency. Emphasis was to include articles published in the past 15 years to provide a more updated and relevant information on the topic. Earlier studies provided background information for the direction of this literature review and showed how the concept has evolved over time. Table 1 presents the summarised information of the 10 core articles chosen for this literature review.

**Table 1***Summarized Information of Core Studies*

Author(s) and Year Published	Title of Article	Location of Study	Name of Journal	Type of Study
Abakumova, I., Kolenova, A. & Elagina, M. (2020)	Peculiarities of success performance of women in codependent relationship in a changing society	Rostov-on-Don, Russia	E3S Web of Conferences	Quantitative
Aimaganbetova, O., Syrgakbaeva, A., Zhantikeyev, S., Lashnova, Y., Norbekova, Z., & Zhanazarova, Z. (2020)	Study of family system characteristics in codependent women	Astana & Almaty, Kazakhstan	Archives of Psychiatry and Psychotherapy	Quantitative
Aristizábal, L. (2020)	Codependency in the relations of couples of imprisoned women	Bucaramanga, Columbia	Social Sciences	Qualitative
Kaplan, V. (2022)	Mental health states of “housewives”: An evaluation in terms of self-perception and codependency	Turkey	International Journal of Mental Health and Addiction	Quantitative
Kaur, S. (2016)	A descriptive study to assess depression and codependency among wives of alcoholics in a selected rural community of Gurdaspur, Punjab.	Gurdaspur, Punjab, India	Asian Journal of Nursing Education and Research	Quantitative
Klimczak, W. & Kiejna, A. (2018)	Codependency in women and their life experiences	Wroclaw, Poland	Alcoholism and Drug Addiction/Alkoholizm i Narkomania	Qualitative
Noriega, G., Ramos, L., Medina-Mora, M. & Villa, A. R. (2008)	Prevalence of codependence in young women seeking primary health care and associated risk factors	Mexico City, Mexico	American Journal of Orthopsychiatry	Quantitative
Ozdemir, N. & Buzlu, S. (2019)	Codependency in nurses and related factors	Gaziantep, Turkey	Annals of Medical Research	Quantitative
Rodriguez, A. (2013)	Resilient women: From victimhood to autonomy case Study in the self-help groups Codependent Anonymous	Pachuca and Mexico City, Mexico	Acta Colombiana De Psicologia	Qualitative
Rozhnova, T. M., Kostyuk, S.V., Malygin, V. L., Enikolopov, S.N. & Nikolenko, V. N. (2020)	The phenomenon of codependency: Psychological and medical genetic aspects	Moscow, Russia	Neurology, Neuropsychiatry, Psychosomatics	Quantitative

**Methodological Analysis**

In this segment, I present my analysis of the 10 studies that I have selected to answer my research question. I grouped the studies according to their research design: quantitative and qualitative. I critically analyse and assess the studies based on the criteria of validity, reliability, objectivity for quantitative studies and on credibility, transferability, and trustworthiness for qualitative studies.

### ***Research Paradigms***

According to Kivunja and Kiyuni (2017), a paradigm is the lens through which a researcher views the world and this is made up of the beliefs and principles that shape how a researcher sees the world and how he/she interprets and acts within that world. It is the “conceptual lens through which the researcher examines the methodological aspects of their research project to determine the research methods that will be used and how the data will be analyzed” (p. 26). Thus, a researcher’s philosophical orientation or paradigm is important as it influences the choice of what to be studied, the method to be used in the study and how to interpret the results (Kivunja & Kiyuni, 2017). In this paper, two research paradigms informed the core articles chosen for critical analysis.

**Positivism.** According to Kivunja and Kiyuni (2017), positivism is grounded in the scientific method, exploring cause and effect relationships by formulating hypotheses and using calculations and equations to measure outcomes. There is an emphasis on objectivity and minimizing bias when using deductive logic and observation and experiments (Kivunja & Kiyuni, 2017). To enhance objectivity, researchers need to distance themselves from their research participants to reduce their influence and the potential for bias (Creswell & Creswell, 2018).

Seven of the core studies (Abakumova et al., 2020; Aimaganbetova et al., 2020; Kaplan, 2022; Kaur, 2016; Noriega et al., 2008; Ozdemir & Buzlu, 2019; Rozhnova et al., 2020) chosen for this research paper are situated within a positivist framework. The researchers of all seven studies used quantitative research approaches that reflect a positivist worldview. They employed descriptive, cross-sectional, experimental, and correlational designs; used measurement tools

such as online surveys, rating scales, and questionnaires; and applied statistical procedures to analyse data.

In tune with positivism's focus on the formulation and testing of hypotheses as a relevant aspect of the scientific method of investigation, Aimaganbetova et al. (2020) and Noriega et al. (2008) stated their hypotheses prior to their collection of data. Aimaganbetova et al. (2020) hypothesized that codependence as a form of family relationship has a sustainable effect on the personality characteristics of codependent people. To determine the prevalence of codependence in young women seeking primary health care at a Mexico City Health Center, Noriega et al. (2008) listed seven hypotheses related to the contribution of selected risk factors to the probability of codependence which included the following: a family history of alcoholism; alcohol abuse or alcohol dependence in one's partner; a family history of mistreatment; mistreatment by one's partner; sources of childhood stress including early affective losses; being the first-born daughter; and the adoption of a cultural negative female script. Notable in Noriega et al.'s (2008) study is the use of several data collection measures including a codependency instrument (ICOD), a screening test designed to detect probable cases of codependency in Mexican women that was subjected to rigorous procedures to establish its validity and internal consistency. Likewise, Aimaganbetova et al. (2020) utilized a package of psychodiagnostic instruments consisting of questionnaires and scales that had to be checked for reliability in two languages: Russian and Kazakh.

In a related light, grounded in the belief that nursing is a profession that requires sensitivity to the needs of others and in the provision of care, Ozdemir and Buzlu's (2019) study is aimed at determining the prevalence of codependence in nurses working in hospitals in Turkey and identifying the factors affecting it. Likewise, aware of the caregiver role assumed by

“housewives” and the expectations of society within the framework of this role, Kaplan (2022) and Kaur (2016) sought to assess the mental states of “housewives” in relation to their codependency levels. Kaur (2016) examined the relationship between codependency and depression and selected socio-demographic variables in women while Kaplan (2022) sought to find out the relationship between “housewives” mental health states and their level of codependency as well as their self-perceptions. Aligned with the positivist’s emphasis on objectivity, to obtain objective data necessary to answer their research questions, Ozdemir and Buzlu (2019), Kaur (2016) and Kaplan (2022) employed a variety of data acquisition tools that included questionnaires, rating scales, and checklists that have been tested for their reliability and validity. In addition, Kaplan (2022) utilized an online-based data collection system to ensure that participant responses are obtained objectively and not influenced in any way by external factors.

Positivism is closely associated with experiments, observations, and measurement with the use of numerical data and statistical analysis. Abakumova et al. (2020) and Rozhnova et al. (2020) relied on different quantitative approaches and statistical procedures to collect and analyze their data. Abakumova et al. (2020) drew from three methodologies to explore the features of the ideas about success among women with different levels of codependency and carried out Pearson’s correlation analysis to determine the relationship between women’s level of codependency and the indicators of their perceptions of success. The study by Rozhnova et al. (2020) included a survey of three groups of women and used several research methods that included psychodiagnostic typing, which was carried out with the use of a set of psychological techniques and psychometric testing such as a “hand test” to determine the presence of codependency in all the women of the study group. Rozhnova et al. (2020) also utilized statistics

to interpret their data, such as a one-dimensional analysis of variance using the Fisher criterion, Student's t-test to compare average values and an analysis of contingency tables using the X criterion. The research processes followed by these researchers provide evidence that they situated their studies along the tenets of a positivist paradigm.

The positivist approach to research has strengths and weaknesses as evidenced in the studies that were reviewed. Aligned with the scientific method of investigation, the positivist framework builds on verifying a priori hypotheses and experimentation (Park et al., 2020). Experiments are conducted to explain relationships and therefore make predictions and generalizations (Kivunja & Kuyini, 2017; Ugwu, et al., 2021). By focusing on causal relationships and by using large sample sizes, positivism leads to generalizable inferences and replication of findings that can inform and advance science (Park et al., 2020). This is demonstrated in the seven quantitative studies included in this review.

Positivism has also its limitations. Critics point to its assumption that reality is objective, quantifiable and measurable hence, understanding human behavior or human beings as phenomena can be reductionist as it entails reducing it into variables that can be scientifically tested (Ugwu, et al., 2021). Furthermore, the positivist's emphasis on objectivity implies that the researcher and the object to be studied are independent entities thus, the researcher should remain separate from the research participants to reduce bias and obtain objective knowledge (Ugwu, et al., 2021). Positivists disregard the importance of subjective experiences and values of researchers and research participants. This assumption of objectivity and a value-free stance is flawed because the researcher being human is "subject to bias and is unable to become detached from the subject and approach it without prejudice" (Houghton, 2011, p. 2).

**Constructivism.** According to Kivunja and Kiyuni (2017), the constructivist paradigm focuses on understanding the subjective human experience with an emphasis on an individual's reality and socially constructed meaning of the world around them. Data is gathered through open dialogue and interpretation of method such as interviews and reflective sessions and knowledge is extracted from the interaction between researchers and participants (Kivunja & Kiyuni, 2017).

Three of the core studies (Aristizábal, 2020; Rodriguez, 2013; Klimczak & Kiejna, 2018) chosen for this research paper are situated within a constructivist framework. The researchers of all three studies used qualitative research approaches that reflect a constructivist worldview. They employed in-depth interviews and focus groups to gain a better understanding of women's subjective life experiences and analyze data.

According to Kivunja and Kuyini (2017), the element of subjective epistemology is a characteristic of constructivism. Constructivist researchers make meaning of their data by drawing on what they know and processing it in relation to their interactions with their participants. Aristizábal (2020), Klimczak and Kiejna (2018) and Rodriguez (2013) used in-depth interviews and analyzed these interactions, meaning and developing emerging themes from the subjective experiences of their participants. Aristizábal (2020) used in-depth interviews to reveal themes from their participants which suggested a possible relationship between codependency, violent partner relationships and female crime. Klimczak and Kiejna (2018) directly identified their research paradigm as constructivist, using interviews to gain a better understanding of women diagnosed with symptoms of codependency and the relationship to their life experiences. Rodriguez (2013) used in-depth interviews to answer the research question, "Are self-help groups helping victimized women to develop self-responsibility as a resiliency

factor?” Another element of constructivism is the balanced axiology which suggests that research outcomes will also reflect the researcher’s values (Kivunja and Kiyuni, 2017). Aristizábal (2020) framed her study within socio-constructionist and gender perspectives, reflecting values centered on women’s empowerment to address issues of domestic and gender violence.

The constructivist approach to research has strengths and weaknesses as evidenced in the studies that were reviewed. The nature of the complexity of the phenomenon of codependency provides good reasoning for a constructivist approach where effort is placed into emphasizing understanding the participants’ viewpoint and perspectives on their lives, providing an open-mindedness that acknowledges that the phenomenon being studied (in this case, codependency), has multiple realities which can be explored through the diverse nature of participants’ lived experiences (Kivunja & Kiyuni, 2017). This is demonstrated in the three qualitative studies included in this review.

Constructivism also has limitations. Because of the richness and subjectivity of the data being interpreted and studied, researchers should spend adequate time with the participants to ensure the real facts of the study are being captured which can be arduous, timely, and costly; not spending enough time in research settings is a serious flaw in constructivist research when interpreting and drawing conclusions of complex phenomena (Adom et al., 2016). Due to their involvement with the participants, constructivist researchers acknowledge subjectivity and therefore, do not claim objectivity in their findings. In addition, the constructivist assumption that knowledge flows within a specific context does not allow their research findings to be generalizable to wider populations (Thompson, 2019). Table 2 presents a summary of the research paradigms, sampling, recruitment and selection process and the demographic characteristics of the participants of the core studies.

**Table 2***Paradigms, Sampling, Recruitment and Demographics of Core Studies*

Author(s)	Title of Article	Research Paradigm	Sampling	Recruitment and Selection	Demographics
Abakumova, I. et al. (2020)	Peculiarities of success performance of women in codependent relationship in a changing society	Positivist	Purposive Sampling	Not reported	167 women in codependent relationships age 29-35, in a relationship divided into 2 groups of 47 (women with normal level and women with high level of codependency)
Aimaganbetova, O. et al. (2020)	Study of family system characteristics in co-dependent women	Positivist	Convenience Sampling	The main experimental base was the “Codo Amanat” Rehabilitation Center in Astana and the “Senim” Rehabilitation Center in Almaty. The study involved 110 addicts’ mothers living in Astana and Almaty. Any woman whose child was undergoing rehabilitation in these two centers could take part in the study	The study involved 110 women with the average age of 49.6 years. Of them: - 70% of the respondents were Kazakhs, 17% – Russians, 6% – Tatars, 7% – others - 65% of the women were from two-parent families, 23% – from single-parent families. None of the mothers participating in the study was registered in a neuropsychiatric dispensary; not one of them had previously contacted a psychologist regarding co-dependence or other reasons.
Aristizábal, L. (2020)	Codependency in the relations of couples of imprisoned women	Constructivist	Purposive Sampling	Women were in prison and participation was voluntary Women volunteered and were part of the BONDINGS program since 2018	Sample of 27 women in the Bucaramanga prison (Colombia) - all participants reported having a partner before and/or during entering prison.
Kaplan, V. (2022)	Mental health states of “housewives”: An evaluation in terms of self-perception and codependency	Positivist	Snowball sampling	First contact was made with personnel where the researcher works who met the criteria, then they were asked to share the form with relatives	371 married women living in Turkey over the age of 18 who had no problem in terms of reading/understanding/filling in data collection tools
Kaur, S. (2016)	A descriptive study to assess depression and codependency among wives of alcoholics in a selected rural community of Gurdaspur, Punjab.	Positivist	Total Enumerative Sampling	Sample screened accessible population on basis of inclusion criteria in the rural community of the Village Saroopwali Kalan of district Gurdaspur, Punjab	212 wives of alcoholics (majority aged 25-29 years, majority homemakers, majority of wives married 6-10 years, majority of husbands were consuming alcohol from 2-9 years, majority of wives had two children.
Klimczak, W. & Kiejna, A. (2018)	Codependency in women and their life experiences	Constructivist	Purposive Sampling	Not reported	32 women between 28 and 68 years old. (average age of 47) All had received psychological support and diagnosed with codependency symptoms. 14 had secondary education, 8 had higher, 7 vocational, 3

					basic. 25 declared faith as Catholic, 5 atheists and 2 non faith. 22 married, 5 partnered and 4 divorced. 18 lived in large towns, 9 small towns and 5 countryside
Noriega, G. et al. (2008)	Prevalence of codependence in young women seeking primary health care and associated risk factors	Positivist	Convenience Sampling	The sample was recruited consecutively as they came in for general medical care.	845 women admitted from September to October 2002 to the Dr. Jose Castro Villagrana Health Center, primary care health facility located in the southeast of Mexico City which is open to those in the general population without access to social security services
Ozdemir, N. & Buzlu, S. (2019)	Codependency in nurses and related factors	Positivist	Proportionate Sampling	Individual info form used in recruitment and nurses voluntarily agreed to be part of study.	538 nurses that work at five state hospitals and one university hospital located inside the Gaziantep city limits
Rodriguez, A. (2013)	Resilient women: From victimhood to autonomy case study in the self-help groups codependent anonymous	Constructivist	Purposive Sampling	Participant observation of Codependence Anonymous Groups and in-depth interviews with participants in Mexico City and Pachuca.	6 women were chosen. 2 with more than 5 years of experience in self-help groups. and their main characteristic is that after surviving abusive relationships with the support of a self-help group, they set up new self-help groups for women in the same condition they used to be. The other 4 women are members of the groups that the first two women set up.
Rozhnova, T. et al. (2020)	The phenomenon of codependency: Psychological and medical genetic aspects	Positivist	Purposive Sampling	Not reported	256 women (average age 46) divided into 3 groups: 1) codependent (who did not abuse alcohol) 2) healthy (without alcohol dependence or codependency) 3) population sample of Moscow. The analysis included 3,811 people. The average age of the subjects was 46.4±11.8 years; the sample consisted of unrelated individuals

### Participants (Sampling, Recruitment, Selection and Demographics)

In this segment, I describe how the researchers of the 10 core studies chose and recruited their participants. I examine their sampling and recruitment process, their inclusion and exclusion criteria and the demographic characteristics of their participants to determine how they affect the generalizability of the results. The studies chosen for this review cover the period from 2013-2022 and span multiple geographic regions. Of the three studies based in European

countries, two were conducted in Russia (Abakumova et al., 2020); (Rozhnova et al., 2020) and the third (Wioletta & Adrzej, 2018) in Wroclaw, Poland. Four studies were based in the Asian continent: (Aimaganbetova et al., 2020) in Kazakhstan; two studies (Kaplan, 2022; Ozdemir & Buzlu (2019) in Turkey and Kaur (2016) in India. Two studies, Rodriguez (2013) and Aristizábal (2020) were conducted in Mexico and Columbia respectively.

### *Quantitative Studies*

**Sampling.** In quantitative research, the focus is on the generalizability of the findings, so researchers need to determine an adequate sample size and an appropriate sampling type for their study. Sampling types fall into two categories: probability and nonprobability sampling. Probability sampling is a random sampling type, and each unit or individual in the population has an equal chance of being selected in the sample (Taherdoost, 2016). In non-probability sampling, not all members of the population have an equal chance of participating in the study. Researchers select their sample based on certain considerations, such as convenience or characteristics (Nikolopoulou, 2022).

Six quantitative studies (Abakumova et al., 2020; Aimaganbetova et al., 2020; Kaplan, 2022; Kaur, 2016; Noriega et al., 2008; Rozhnova et al., 2020) used non-probability sampling strategies. Aimaganbetova et al. (2020) indicated that their “respondent selection model was probabilistic in nature because any woman whose child was undergoing rehabilitation in the 2 centers could take part in the study (p. 81). However, they indicated that testing was voluntary therefore, the participants were not randomly selected, which could affect the sample's representativeness. The sampling strategy that Aimaganbetova, et al. (2020) used demonstrated features of convenience sampling since they recruited all their participants consisting of mothers of children undergoing rehabilitation in two rehabilitation centers in Kazakhstan which became

their main experimental base. Convenience sampling is a process that selects participants that are readily and easily available (Taherdoost, 2016). The sample is drawn from that part of the population which is “convenient” to the researcher (Galloway, 2005). Although it is applicable to both qualitative and quantitative studies, it is most frequently used in quantitative studies as the primary emphasis is on generalizability (Etikan et al., 2016). Noriega et al. (2008) also used convenience sampling; they drew their study sample of women from a primary health care facility in the southeast of Mexico City. The sampling strategy used in these two studies also show traces of purposive sampling (which is more of a qualitative sampling technique) because the researchers selected participants that met their inclusion criteria which are made up of the necessary characteristics of the subject of their studies.

In quantitative studies, researchers need to determine a sample size before selecting their participants. They use power analysis to determine an appropriate sample size to enhance the generalizability of their findings. Noriega et al (2008) calculated a desired sample size based on Lwanga and Lemeshow’s (1991) manual on sample size determination in health studies, by estimating a predetermined prevalence of the population of 10% (through a pilot study) with 3% accuracy and 95% reliability. The design effect was offset by adding 100 women to the initial calculation. Noriega et al. (2008) also employed a consecutive technique in which, for the final sample, the women were interviewed as they came in for general medical care. For those who refused to participate, their reasons were recorded and the next person in line was interviewed. A total of 845 women participated in the study.

As the name implies, convenience sampling is “the most convenient” being less expensive and less time-consuming than other methods; it does come with limitations as there is a higher chance of selection bias and the sample not being representative (Malhotra & Birks,

2006). Aimaganbetova, et al. (2020) and Noriega et al. (2008) had the advantage of drawing their samples that meet their inclusion criteria from specific settings like rehabilitation and primary health care centers since focusing on a particular location facilitates the recruitment process as there is no need to search for more participants in other areas. The generalizability and external validity of the findings however is reduced because representative samples cannot be ensured. The calculation of a desired sample size in Noriega et al.'s (2008) study mitigated the impact of reduced generalizability.

Abakumova et al. (2020) and Rozhnova et al. (2020) did not specifically mention the type of sampling they used in their studies. Nor did they clearly describe their sampling process. Abakumova et al. (2020) mentioned only their sample size and the instruments they used to measure their levels of codependency which allows readers to infer that they chose participants that met the criteria to help them address their research question. Rozhnova et al. (2020) likewise, did not include in their article how the sampling process was conducted. They only indicated that their study is part of a bigger and integral investigation and that their survey included three groups of women: a) 120 women with a type of personality dependent disorder in the form of the phenomenon of codependency who did not use alcohol; b) 61 phenotypically healthy women without alcohol dependence and codependency; and 75 women from the population sample of Moscow. They added that the sample consisted of unrelated individuals apparently to indicate that the study involved the genealogy of individuals with codependency. Because of the paucity of information presented in these two studies, it is difficult to determine whether the size of their sample is adequate as there is no indication that they used power analysis to set their sample sizes before recruitment. It could be inferred however from the tools

that they employed to collect data that their participants met the criteria for inclusion based on their research question and the purpose of their study.

The focus of the studies of Kaplan (2022) and Kaur (2016) is the impact of codependency on the lives of “housewives”. Kaplan (2022) investigated the relationship between the mental health states of “housewives” and their level of codependency while Kaur (2016) examined the correlation between codependency and depression among wives of alcoholics. Kaplan (2022) used snowball sampling to get participants for his study. Snowball sampling is another nonprobability sampling technique that begins by using a few participants to gain momentum from among the researcher’s acquaintances and encourage others to join the study to increase the sample size (Kaplan, 2022; Taherdoost, 2016). This approach works best in small populations that are difficult to reach and in Kaplan’s (2022) study, due to the restrictions laid out to prevent disease transmission during the COVID-19 pandemic, the snowball sampling method enabled him to reach his sample of 371 “housewives”. The first contact was with staff at the institution where the researcher worked who met the inclusion criteria and this initial sample was asked to share the form with their relatives. Kaplan (2022) did not directly invite their relatives and saw to it that the system was built for participants to answer the questions only once to avoid bias. As in most of the studies, the researcher did not mention whether he conducted a power analysis to determine whether the sample size of 371 individuals was sufficient to have reliable, valid and generalizable results.

Snowball sampling has its strengths and weaknesses. This sampling technique makes it easier and quicker to find participants, thus it is timesaving and more cost-effective for the researcher. However, because individuals refer those whom they know, there is the possibility that they have similar traits, so a potential sampling bias could occur.

In another light, Kaur (2016) used a different sampling technique. His sample size of 212 wives of alcoholics was chosen using total enumerative sampling (also referred to as total population sampling), a type of purposive sampling technique where the researcher studies the population of interest (group that shares a particular set of characteristics) (Laerd Dissertation, 2012). In the first phase of choosing his sample, Kaur (2016) screened the population in the village of Sakarpura, District Gurdaspur in India, based on the inclusion criteria, which included all the wives of alcoholics in the area. Total enumerative sampling is an appropriate technique when the population size is relatively small and the population shares an uncommon characteristic (Laerd Dissertation, 2012). Although total enumerative sampling could be very time-consuming and challenging as it requires the researcher to get a list of the population, there is less risk of missing significant insights into the phenomenon (Laerd Dissertation, 2012),

Of the seven quantitative studies, only one study employed probability sampling. Ozdemir and Buzlu (2019) utilized proportionate sampling, a probability sampling technique in which the population is divided into subgroups and a random sample is taken from each of those subgroups (Taherdoost, 2016). This study was included in the set of articles although the participants included female and male nurses to represent the experiences of women of codependency in relation to their work with the people they serve. Only the findings that pertain to the women participants were drawn for this literature review. With the sample size determined through proportional sampling, the study was carried out with nurses at six locations and covered 20% of all nurses working at each center. Data were collected from March 3 – August 29, 2014. Proportionate sampling has the benefit of including all sub-populations and therefore ensures the generalizability of the findings. However, employing this strategy is not only expensive; it is also

difficult to select relevant stratification variables, and in some cases, it is not feasible to stratify on many variables (Malhotra & Birks, 2006).

**Recruitment.** Two of the quantitative studies (Abakumova et al., 2020; Rozhnova et al., 2020) did not directly report their recruitment process. The lack of transparency makes it impossible for the reader to know how participants were recruited for the study which leaves concerns for selection bias in the process as this information is not shared. These two quantitative studies skipped the documentation regarding their recruitment process and went immediately into the materials and methods section which describe their samples.

Three studies (Aimaganbetova et al., 2020; Noriega et al., 2008; Ozdemir & Buzlu, 2019) recruited their participants from settings that meet their inclusion criteria based on their specific research questions. Aimaganbetova et al. (2020) studied addicts' mothers therefore the main experimental base was the "Codo Amanat" Rehabilitation Center in Astana and the "Senim" Rehabilitation Center in Almaty. Ozdemir and Buzlu (2019) recruited the nurses who comprised the subjects of their study from five state hospitals and one university hospital in the city of Gaziantep in Turkey. Noriega et al. (2008) recruited their participants from a primary healthcare facility that is open to those without access to social security services. All three quantitative studies mentioned the voluntary nature of participation in the study by the women, and the researchers outlined their specific reasons for studying the segment of the population they chose. This provides clarity for the reader in understanding what the researcher is investigating and identifying the setting where the recruitment took place could reveal information that could help determine whether the researchers chose the appropriate participants in their study. Studying a specific demographic and recruiting based on a location type may provide deeper insights into the problem as the population being studied is concentrated on that location (i.e.,

prison, hospital, etc.) however, this type of recruitment would not provide an accurate representation of the general population.

Kaplan (2022) and Kaur (2016) had recruitment processes based on the availability of the population they were focused on studying. Kaplan (2022) conducted his study during the COVID-19 pandemic and because of the mandated restrictions to prevent transmission, the researcher faced challenges in reaching his population of interest. Following a snowball sampling strategy, Kaplan (2022) started recruiting his participants in his workplace which included the academic, administrative and service personnel who met the inclusion criteria, and they were requested to share the form with their relatives. On the other hand, Kaur (2016) first conducted a pilot study in the selected setting, the village of Sankarpura, in the district of Gurdaspur. Having been granted permission to conduct his study, he started his recruitment process by screening the accessible population in the rural community based on the inclusion criteria: that they should be wives of alcoholics. Only those who were willing to participate were included in the study. A total sample of 212 wives was selected using a total enumerative sampling technique. Kaplan's (2022) recruitment strategy is effective with hard-to-reach samples however, the researcher may be able to reach out solely to a group with similar traits, which could compromise the generalizability of the results. Since Kaur's (2016) recruitment strategy was focused on a specific location, his study's strength lies in the generalizability of his findings in that rural community, but caution must be exercised when applying it to other settings.

**Selection and Demographics.** Two of the quantitative studies focused on women with some form of relationship with an addict or alcoholic (Aimaganbetova et al. 2020, Kaur, 2016). Inclusion criteria for the Aimaganbetova et al. (2020) study was that any woman whose child was undergoing rehabilitation in either of the two centers in Astana and Almaty could take part

in the study. The Aimaganbetova et al., (2020) study involved 110 women with the average age of 49.6 years; 70% of the respondents were Kazakhs, 17% – Russians, 6% – Tatars, 7% – others; 65% of the women were from two-parent families; 23% – from single-parent families and none of the mothers participating in the study was registered in a neuropsychiatric dispensary and none had previously contacted a psychologist. The study would be specific to mothers whose children are actively involved in rehab due to addiction, however, it would not be generalizable to mothers with children who are not receiving treatment. For the Kaur (2016) study, inclusion criteria were that the participants had to be wives of alcoholics. Participants in Kaur's (2016) study included 212 wives of alcoholics; majority were aged 25-29 years, homemakers, married 6-10 years, husbands were consuming alcohol from 2-9 years, had two children). The method for identifying husbands as alcoholics was not mentioned in the study. Both studies (Aimaganbetova et al. 2020, Kaur, 2016) would not be able to generalize their results cross-culturally.

Noriega et al., (2008) focused on women who were receiving general medical care or specialized psychological support. Their participants consisted of 845 women admitted from September to October 2002 to the Dr. Jose Castro Villagrana Health Center, primary care health facility. The inclusion criteria for Noriega (2008) were not reported, but a table of sociodemographic information on the participants included age; years of marriage or living with partner; number of offspring; age of husband/partner; marital status; educational attainment; occupation; monthly income and information pertaining to husband/partner. The information provided helps determine the applicability of the findings to population groups with related demographic characteristics.

Two of the studies (Abakumova, et al. 2020; Rozhnova, et al., 2020) divided their samples into groups. Abakumova et al.'s (2020) sample consisted of 167 women in relationships

age 29-35, divided into 2 groups of 47 (women with normal level and women with high level of codependency). Rozhnova et al. (2020) involved a sample of 256 women (average age 46) divided into 3 groups: 1) codependent (who did not abuse alcohol), 2) healthy (without alcohol dependence or codependency), 3) population sample of Moscow. The average age of the subjects was  $46.4 \pm 11.8$  years and the sample consisted of unrelated individuals (Rozhnova, 2020) because the study investigated alcohol dependence on all types of first-degree relatives of the women participants with codependency. The analysis included 3,811 people, which could be considered large enough to determine the generalizability of the findings. However, both studies (Abakumova et al., 2020; Rozhnova et al., 2020), which took place in Russia, did not have well-defined recruitment or inclusion criteria, so there is insufficient information to determine how the selected participants affected their study results.

Lastly, two of the studies focused on a specific demographic of women to study like “housewives” (Kaplan, 2022) and nurses (Ozdemir & Buzlu, 2019) and the relation to codependency. Kaplan (2022) studied 371 married women living in Turkey over the age of 18 who had no problem in terms of reading/understanding/filling in data collection tools and were willing to participate. The researcher noted the cultural assumption that “housewives” in Turkey are generally married women (Kaplan, 2022) hence, the findings may not be generalizable to other cultures. Ozdemir and Buzlu (2019) studied 538 nurses that work at five state hospitals and one university hospital located inside the Gaziantep city limits while investigating codependency in nurses and related factors. As reported in the article, the results may be generalizable only for this group.

### *Qualitative Studies*

**Sampling.** Qualitative researchers are interested in an in-depth understanding of social phenomena and rely on the direct experiences of human beings as meaning making agents in their everyday lives (Ahmad et al., 2019). In contrast to quantitative research which emphasizes generalizability of results, qualitative research focuses more on the participants' ability to provide rich and detailed information on the research topic (Merriam & Tisdell, 2016).

Nonprobability sampling is the sampling type more commonly used by qualitative researchers.

Of the set of core studies in this literature review, three studies (Aristizábal, 2020; Rodriguez, 2013; Klimczak & Kiejna 2018) employed a qualitative research design. Convenience sampling was utilized by Aristizábal (2020) and Rodriguez (2013) as they both drew their participants from settings where they can find and conveniently access potential participants that meet their inclusion criteria such as the Women's Prison of Bucaramanga and the Codependence

Anonymous groups in two Mexican cities respectively. As well, features of purposive sampling could be traced in the sampling process in both studies. Purposive sampling is typically used in qualitative studies wherein the intent is to achieve deep understanding (Etikan et al., 2016).

Aristizábal (2020) aimed to find out whether there is a relationship between female crime and codependency in couple relationships and to analyze how these relationships are produced and reproduced. Consistent with the research question, it was necessary that all the participants reported having a partner before and/or during the process of entering prison. Rodriguez (2013) did not provide enough details on her sampling process however she identified her participants as two women who had previously received support from a self-help group (Codependence Anonymous Groups) and then, had set up new self-help groups, and four members of these new self-help groups. Codependence Anonymous Groups are designed to help people with

codependency problems by developing ways to build functional relationships. Rodriguez (2013) sought to demonstrate how the women in these self-help groups describe themselves and their experiences of family violence and abuse and how they moved from victimhood to becoming resilient. According to Patton (1990), the aim of purposeful or purposive sampling is to choose information-rich cases from which one can greatly learn issues of central importance to the purpose of the research.

Klimczak and Kiejna (2018) used purposive sampling in their study which aimed to examine the problem of women's codependency in relation to their life experiences. Their research employed a semi-structured narrative autobiographical interview consisting of open questions to discover and understand the participants' life experiences. The participants were chosen based on elements or characteristics they possess that meet the inclusion criteria of the study. The participants should be receiving specialized psychological support and were diagnosed with codependency symptoms based on interviews and a questionnaire on codependency.

In their review of studies on justifying sample size, Vasileiou et al. (2018) asserted that the question of "how many" or what is an adequate sample size in qualitative research has been the subject of enduring discussions among qualitative research experts. They noted that various conceptual developments have emerged to address the issue with guidance and principles and that saturation, which has its origins in grounded theory, has been the most widely used principle for determining sample size. In its broader concept, saturation refers to "the point in data collection when no additional issues or insights are identified and data begin to repeat so that no further data collection is redundant signifying that an adequate sample size is reached" (Hennink & Kaiser, 2021, p. 2).

The researchers of the three qualitative studies reported their sample sizes: Aristizábal (2020), 27; Klimczak & Kiejna (2018) 32, and Rodriguez (2013), six (6), women participants. They made no mention, however, of reaching saturation so it is difficult to assess whether they had an adequate number of participants in their studies. The richness of the data gathered from the interviews, however, could reflect the breadth and depth of the data which could somehow indicate the adequacy of their sample sizes.

Aristizábal (2020) and Rodriguez (2013) employed convenience sampling with elements of purposive sampling which helped enhance the credibility of their findings since it ensured that they were gathering data from individuals that met their inclusion criteria in line with their research question. Although Rodriguez' (2013) participants meet the inclusion criteria for the subject of her investigation, the sample size of six participants could be considered too small especially because there was no indication that data saturation was reached. Purposive sampling was an appropriate sampling strategy for Klimczak & Kiejna (2018) since the subjects of their study met the characteristics for participation in line with what they intended to investigate in their research. However, because in purposive sampling, the researchers' personal judgement is used in choosing their samples, there is the potential for bias. The issue however was checked by the researchers with their use of interviews that also involved a questionnaire on codependency to make sure that they were choosing the right samples which could have reduced the potential for bias in the selection of participants.

**Recruitment.** The researchers of the three qualitative studies reported very limited information regarding their recruitment process. Klimczak and Kiejna (2018) mentioned only their use of purposive sampling and the demographic characteristics of their participants but did not report where and how they recruited them. Aristizábal (2020) indicated where she obtained

her participants which is the Women's Prison of Bucaramanga while Rodriguez (2013) identified her participants as members of Codependence Anonymous Groups and added that the study took place in Mexico City and Pachuca. The paucity of information regarding the recruitment process in these studies does not provide a gauge to determine how it affected the credibility and trustworthiness of their findings.

**Selection and Demographics.** Two of the qualitative studies focused on women who were either currently in or survivors of abusive relationships (Aristizábal, 2020; Rodriguez, 2013). An important criterion for the Aristizábal (2020) study of a sample of 27 women in the Bucaramanga prison in Colombia was that all participants report having a partner before and/or during entering prison. This study focused on the relationship between codependency and female crime and because of the nature of the study, the participants' personal data are reserved making it difficult to gauge the transferability of the results. The researcher could not provide enough contextual data to enable readers to relate the findings to other contexts. Of the six women involved in the Rodriguez (2013) study in Mexico, two had more than five years of experience in self-help groups. After surviving abusive relationships with the support of a self-help group, they set up new self-help groups for women in the same condition they used to be. Four women from those groups also participated in the study. Although the sample size involved only six women, the credibility of the findings could be assessed based on their membership and involvement with "Codependence Anonymous Groups" which is central to the purpose of the study. As active group members, the participants were able to provide believable, trustworthy and authentic data.

Klimczak and Kiejna (2018) focused on women who were receiving some sort of specialized psychological support. Their participants consisted of 32 women between 28 and 68 years old (average age of 47), had been receiving psychological support and were diagnosed with

codependency symptoms following interviews that involved a questionnaire on co-dependency. The demographic information of the participants in the Klimczak and Kiejna (2018) study included a) level of education: 14, secondary, 8, vocational and 3, basic; b) faith: 25, Catholic, 5, atheist and 2, non- faith; c) marital status: 22, married, 5 partnered and 4, divorced; d) place of residence: 18, large towns 9, small towns and 5, countryside. Based on the information provided, Klimczak and Kiejna (2018) had a relatively diverse group of participants which is a strong basis for considering the credibility, trustworthiness, and transferability of their findings.

### **Data Collection Processes**

Most of the researchers of the seven quantitative studies employed descriptive and cross-sectional studies and used various tools to collect their data. To reduce the potential for bias, researchers of quantitative studies make use of objective outcome measures like scales and questionnaires. The researchers of the three qualitative studies mainly employed in-depth interviews. Researchers conduct qualitative studies to gain a complex detailed understanding of an issue (Creswell, 2013).

### ***Quantitative Studies***

How the quantitative researchers collected their data helps in determining the quality of their studies in relation to the validity and reliability of their findings. The data collection process involves the use of standard measures or instruments and how these are administered. In critically analysing the measures that were used, it is important to examine the appropriateness of the instruments in relation to their research questions, as well as their psychometric properties to determine the validity and reliability of the data gathered. Additionally, who, when, where, and how data was gathered constitute relevant information that helps in determining whether steps were taken to mitigate the potential for bias and to ensure the validity and reliability of the

findings. Internal validity refers to how much the researcher can show that findings were due to controlled aspects of the study rather than uncontrolled outside variables, whereas external validity refers to how much the findings can be generalized to a greater population or other settings (Efron & Ravid, 2019). The validity of data collection tools should also be reported, and this refers to the extent to which an instrument measures that which it is supposed to measure while reliability refers to the consistency and dependability of the data gathering instruments (Efron & Ravid, 2019). Objectivity refers to the study being unaffected by potential researcher biases.

The study by Abakumova et al. (2020) is difficult to assess on all criteria as it fails to clearly outline how data were collected leading to low confidence in the validity, reliability and objectivity of their findings. Mention was made of the names of the instruments used but no information was given on their psychometric properties. Of note is the Test for Measuring Codependency (D. Fischer-L. Spann, adaptation by V.D. Moskalenko) to assess the level of severity of codependency among the respondents. My further research regarding the scale led me to a study conducted by Fischer and Spann (1991) to demonstrate the validity and reliability of the instrument. They reported that the scale was reliable and demonstrated content validity and construct validity. However, due to certain limitations like the need for larger sample sizes, they recommended more research on this area. Significantly, three other quantitative studies also used the Spann-Fisher Co-Dependence Scale as a tool in their data collection process (Aimaganbetova et al., 2020; Kaur, 2016; Rozhnova et al., 2020) which could be an indication that it is a preferred instrument because of its sound psychometric properties.

Abakumova et al. (2020) used three other instruments each of which was labeled in the article as “Methodology”. These included Klouchkova’s “Research of ideas about successful

professional activity”, Rean’s “Motivation for success and fear of failure” and Turetskaya’s “Self- assessment of manifestations of fear of success”. Their use of the label, “Methodology” and the lack of additional information about them pose problems in determining what they are. Furthermore, these are not even included in their Reference list. Further research on these methodologies did not yield information except that of Rean’s “Motivation for success and fear of failure” which was mentioned as a questionnaire in an article by Kalenik and Kuptsov, (2015) published in the Russian journal, “*Theory and Practice of Physical Culture*”. However, no additional information about its psychometric properties was provided. Based on the discussion of Abakumova et al.’s (2020) findings, these three “methodologies” could be inferred as questionnaires. The lack of clear information provided by the researchers on their data collection tools and processes is a weakness of this study as it does not allow the reader to gain a better understanding of how their data was gathered.

Although Aimaganbetova et al. (2020) outlined all the tools they used in their data collection such as The Constructive-Destructive Family Questionnaire, The Family Adaptability and Cohesion Evaluation Scale (FACES), The Adult Separation Anxiety Questionnaire, The Spann-Fischer Co-Dependence Scale, and The Co-Dependence Scale of J. Weinhold and B. Weinhold) and identified the purpose of collecting data using each tool, the validity and reliability of the tools were not reported in the article. The only information provided was on FACES -3 which was described as “one of the best-known standardized questionnaires to evaluate the family structure” (Aimaganbetova et al., 2020, p. 85). My further research on the psychometric properties of these tools yielded some information. In their study on the development and validation of FACES IV- (Short Form) SF, Pericot-Valverde et al. (2020) concluded that the instrument is a valid and reliable measure that may be better utilized in

clinical and research settings. Likewise, in another study, Finsaas et al. (2020) claimed that the Adult Separation Anxiety Symptom Questionnaire (ASA-27) is the most widely used self-report assessment of adult separation anxiety, but little is known about its psychometric properties. In their study to address the issue, the researchers found that ASA 27 assesses ASA most reliably at moderate to high levels, but they recommended that future work be done in individuals with a wider range of ASA severity. Based on my further research on the tools utilized in their study, Aimaganbetova et al. (2020) chose data collection tools that addressed the purpose of their research. The researchers claim that no current data on psychometric tests was available because it would entail checking the reliability of tests in two languages, Russian and Kazakh. Although studies have indicated that FACES-IV and ASA-27 are valid and reliable measures, there could be other factors, such as language, which could impact the results.

To test their hypothesis that codependence as a form of family relationships has a sustainable effect on the personality characteristics of people, Aimaganbetova et al. (2020) used a complex research method that involved an interview with the participants who are mothers of addicts undergoing rehabilitation in two centers and employing a set of psychodiagnostic methods using the tools mentioned earlier. After the participants' levels of codependency were determined, they were divided into two groups: with very high degree (VHD) and high degree (HD) of codependent models to find out the characteristics of the family system and socio-psychological personality traits. Based on the order and description of how they came up with the results of their investigation, the data collection process of Aimaganbetova et al. (2020) demonstrated consistency with the logical steps they carried out to test their hypothesis.

In a related light, Rozhnova et al. (2020) listed the various tools they used in their study which aimed to examine the psychological and genetic components of the addictive disorder of

non-chemical genesis of codependency. Three groups of women were identified based on a previous survey: codependent women who did not abuse alcohol; phenotypically healthy women with no alcohol dependence and codependency; and women from the population sample of Moscow. Several measures were used by the researchers which included the 10<sup>th</sup> revision of the International Classification of Diseases and a set of psychological techniques for psychodiagnostic typing for the presence of a codependent behaviour disorder in the women of the study group. These included the assessment of codependency by R.T. Pottle-Efron and P.S. Potter-Efron, the codependency scale by Fisher & Spann which was also used in most of the studies in this review, questions for self-diagnosis by Bongina and Wagner's "hand test" (adaptation by Gerasimov and Enikolopov). The "Hand Test" was first introduced as a promising technique for predicting overt aggressive behaviour, however, it became apparent that it was suitable for diagnostic purposes (Wagner, 1978). The scant information provided in the article regarding the psychometric properties of these instruments poses problems in assessing the validity and reliability of the findings. However, following the description of the design of the study which included psychometric testing and clinical genealogical examination, there is evidence that the researchers used appropriate instruments to obtain the necessary data for the stated aim of their study.

The studies conducted by Kaur (2016) and Kaplan (2022) investigated codependency among "housewives" in India and Turkey respectively. Kaur (2016) conducted a descriptive study to assess depression and codependency among wives of alcoholics while Kaplan (2022) examined the mental health states of "housewives" based on their self-perceptions and level of codependence. Kaur (2016) listed the research tools he used for his study which included a Socio-demographic Profile, Modified Zung Self-Rating Depression Scale (Zung, 1965) and the

Modified Span-Fisher Codependency Assessment Scale (Fisher, 1991). No information pertaining to these tools was included. However, based on the name of the instrument like the Socio-demographic Profile, it can be inferred that this is an instrument that asks for socio-demographic information like age, gender, SES, etc. of the respondent. Information drawn from further research regarding the Zung Self-Rating Depression Scale as reported in de Jonghe and Baneke (1989) indicated that it is valid and reliable and discriminates between depressed and nondepressed individuals however, they recommend that different norms for men and women should be used in clinical practice. As mentioned earlier, the Span-Fisher Codependency Assessment Scale is a valid and reliable instrument. While it is noted that a modified version was used in Kaur's (2016) study, there is no information regarding its internal consistency as well as how the items were modified. Kaplan (2022) on the other hand, created a Personal Information Form to obtain the sociodemographic and personal characteristics of his participants. To assess the level of his participants' codependency, he used the Codependency Assessment tool developed by Hughes-Hammer et al. (1998) which was tested for Turkish validity and reliability by Ançel and Kabakçı (2009). Its Cronbach reliability coefficient was reported to be 0.91. The Social Comparison Scale is a tool to find out how an individual perceives himself/herself in comparison to another person. Kaplan (2022) reported that the Cronbach's alpha reliability coefficient of the scale was 0.75. The Symptom Checklist (SCL-90-R) was also used as a self-report psychiatric screening instrument for individuals to assess themselves. Cronbach's alpha was found to be 0.97. The data collection instruments of Kaplan (2022) & Kaur (2016) were appropriate for addressing their research questions. Since Kaplan (2022) reported the sound psychometric properties of the tools he used, there is greater confidence in the validity and reliability of his findings.

Both Noriega et al. (2008) and Ozdemir & Buzlu (2019) chose instruments to assess the level of codependency specifically designed for their participants. Noriega et al. (2008) used the ICOD (Codependency Instrument), a screening test to detect probable cases of codependency in Mexican women. Created by Noriega & Ramos (2002), it was developed specifically for use with Mexican women since most of the existing scales were designed for other countries. The researchers reported that the instrument has been validated and its internal consistency showed a Cronbach's alpha of 0.92. This enhances the reliability and validity of the results of Noriega et al.'s study. Noriega et al. (2008) tested seven hypotheses so, aside from the ICOD, they used other tools such as a Background Questionnaire to identify the sociodemographic characteristics of the informant and those of the spouse/partner; adaptations of certain questionnaires measuring Alcohol Consumption in Family of Origin, Family Histories of Physical, Emotional, and Sexual Maltreatment, National Addictions Survey items, Questionnaire on Physical, Emotional, and Sexual Violence, Early Affective Losses in Informant, Informant's Place in Birth Order among Siblings, and the "Feminine" and "Submission Scales" from the Masculinity and Femininity Inventory (IMAFE). These scales are intended to obtain information necessary to test the seven hypotheses. The instruments chosen by Noriega et al. (2008) clearly indicate that the researchers strived to collect their data with instruments reflective of Mexican culture which enhances the validity of their findings. The results, however, may not be generalizable to other populations.

The aim of the study of Ozdemir and Buzlu (2019) is to examine codependence in nurses and the factors that affect codependence. Developed in 2004 by Sarah Allison, the Nurse Codependency Questionnaire (NCQ) is a 24-item attitude scale that evaluates codependency in nurses. The researchers reported that the validity and reliability studies of the instrument had been completed, however, no values were provided. Aside from the NCQ, other data acquisition

tools included an Individual Information form and the Rosenberg Self-Esteem Scale (RSES). The Individual Information form was designed to collect information on the demographic characteristics of the nurses, workplaces, and their habits and other information that may affect codependency. The RSES was used by Ozdemir and Buzlu (2019) to measure self-esteem. The researchers reported that the scale was adapted to Turkish society and based on the validity and reliability study that was carried out in 1986 and 1994, the validity coefficient was calculated as  $r = 0,71$  and the Cronbach's Alpha internal consistency coefficient was determined as 0.86. For the Ozdemir & Buzlu (2019) study, Cronbach's alpha was found to be 0.85. Because information was presented regarding the validity and reliability of the NCQ and REES, there is more confidence in the validity and reliability of the results of Ozdemir & Buzlu's (2019) study.

Overall, most of the quantitative studies did not provide comprehensive or clear documentation of their data collection process or the validity and reliability of the tools used which poses challenges in providing a fair assessment of their data collection process. Furthermore, because of the specific nature of the studies that were conducted and samples that were often location-specific or focused on a very particular demographic, the findings may not be generalizable to other settings. However, adapting the instruments to the culture or research setting strengthens the validity and reliability of the results to the specific population.

### ***Qualitative Studies***

The criteria for evaluating the quality of quantitative and qualitative research differ. While quantitative studies are assessed through the criteria of validity and reliability, qualitative studies are evaluated based on trustworthiness. Trustworthiness is further achieved through the criteria of credibility, dependability, confirmability, and transferability. These constructs correspond to the positivists' criteria as: credibility for internal validity; dependability for

reliability; transferability for external validity/ generalizability; and confirmability for objectivity (Shenton, 2004). To assess credibility, Merriam (1998) suggests asking how congruent the findings are with reality. Different strategies such as prolonged engagement, persistent observation, using different data sources, methods of data collection (triangulation) and member checking can help increase the credibility of a study (Korstjens & Moser, 2017). Transferability refers to how the researcher ensured the provision of enough contextual data about their research so that the reader can apply the findings to their own contexts (Kivunja & Kuyini, 2017). Dependability refers to the audit trail and the documentation and detail the researcher provides when recording the research process to ensure transparency in the process, and confirmability pertains to the objectivity of the researcher and evaluates potential researcher bias (Korstjens & Moser, 2017).

While the researchers of the three qualitative studies (Aristizábal, 2020; Rodriguez, 2013; Klimczak & Kiejna, 2018) do not clearly and comprehensively describe their data collection processes, they did use common types of data collection strategies for qualitative studies which are appropriate for their research. Aristizábal (2020) reported that she used ICOD MP92-100 test, in-depth interviews and focus groups to collect her data. Noriega & Ramos (2002) conducted a study to test ICOD for construct validity, internal consistency and its capacity to discriminate between cases and non-cases of codependency. They concluded that ICOD is a valid and reliable instrument to screen probable cases of codependency in couple relationships in Mexican women with a Cronbach Total Alpha of .9201. Aristizábal (2020) used the ICOD to analyze the four conceptual dimensions of codependency: denial mechanisms, incomplete development of identity, emotional repression and rescue orientation towards others. The researcher also carried out in-depth interviews and focus groups, and these were transcribed for

analysis. The use of multiple sources of data collection shows attention to credibility by using triangulation of data collection. Considering the sound psychometric properties of the ICOD in measuring levels of codependency in women, the use of this instrument, supplemented by in-depth interviews and focus groups, enhances the credibility of Aristizábal's findings.

Rodriguez' (2013) study also involved Mexican women participating in Codependent Anonymous self-help groups. These groups started with the creation of the Al-Anon groups, which were formed by women and families of the first alcoholics in the recovery programs like Alcoholics Anonymous. The aim of Al-Anon was to support those cohabiting with an alcoholic. Al-Anon and self-help groups such as Codependence Anonymous use the twelve (12) steps program as a model of recovery which has been adapted to all forms of addiction recovery. The study is focused on the impact of domestic violence on women's autonomy and the role of self-help groups in fostering resiliency and self-determination. Rodriguez (2013) used participant observation to examine how women in the groups describe themselves and their experiences of family violence and abuse as they moved from being a victim to becoming a resilient person. In-depth interviews were conducted with two women participants who survived abusive relationships with the support of self-help groups and in turn, set up self-help groups for women who went through the same situation like them. The four other interviewees are members of these self-help groups. The use of participant observation brings the findings to a high degree of credibility because it takes place in a natural setting, so respondents act more naturally. It also allows the researcher to fully join the group, so it enables the researcher to gather more authentic data. However, objectivity is challenged as it is difficult for the researcher to avoid subjectivity. Rodriguez (2013) however, mitigates the threat of subjectivity by using in-depth interviews to supplement and check the data gathered through participant observation.

Klimczak and Kiejna (2018) use semi-structured narrative autobiographical interviews while also using observation during the conversation as a method of triangulation and they described how the interviews were also recorded and transcribed with participants' consent. Klimczak and Kiejna (2018) clearly described the interview in detail and rationale was provided for the different stages in the interview process as why they were relevant to the aims of the study, thus being the strongest of the qualitative studies in the comprehensiveness of the explanation of the data collection process.

While triangulation of data collection tools was evidenced by two of the studies (Aristizábal, 2020; Klimczak & Kiejna, 2018), which helps to increase credibility, the three studies fail to provide enough information for transferability to other settings. Relevant details regarding the interview and focus group questions were not provided in Aristizábal (2020) and Rodriguez (2013) which makes transferability to another setting difficult. There is also a need for more transparency in the recording of the research process for all three studies. As well, no additional information pertaining to the data collection process was provided in the appendices of the three qualitative studies that would help to make a fair assessment of the qualitative studies.

**Table 3**

*Information on the Data Collection Process of Core Studies*

Author(s)	Title of Article	Data Collection Process
Abakumova, I. et al. (2020)	Peculiarities of success performance of women in codependent relationship in a changing society	Psychological – assessment of codependency and scales. Scale of measuring codependency in relationships (L. Spann-D. Fisher, adapted by V.D. Moskalenko)
Aimaganbetova, O. et al. (2020)	Study of family system characteristics in co-dependent women	An individual interview was held with co-dependent mothers, which helped to study anamnestic data The Spann-Fischer Co-Dependence Scale, The Co-Dependence Scale of J. Weinhold and B. Weinhold
Aristizábal, L. (2020)	Codependency in the relations of couples of imprisoned women	In depth interview and focus groups and psychological test ICOD Test MP92-100

Kaplan, V. (2022)	Mental health states of “housewives”: An evaluation in terms of self-perception and codependency	Personal information form, Codependency Assessment Tool (CODAT), Social Comparison Scale (SCS), and the Symptom Checklist-90-Revised (SCL-90-R) were used to collect data
Kaur, S. (2016)	A descriptive study to assess depression and codependency among wives of alcoholics in a selected rural community of Gurdaspur, Punjab.	Part 1: Socio-demographic Profile. Part 2: Modified Zung Self- Rating Depression Scale Part 3: Modified The Spann-Fischer Codependency Assessment Scale
Klimczak, W. & Kiejna, A. (2018)	Codependency in women and their life experiences	Timeline drawing of the subject’s life up to time of study and interview contained open questions about key events, life stages, important people and institutions, personal views, self-image and social relations
Noriega, G. et al. (2008)	Prevalence of codependence in young women seeking primary health care and associated risk factors	The survey included an ICOD that was developed for use in a larger research project on codependence. Other scales from previous studies were also used and specific items were designed to obtain further relevant information.
Ozdemir, N. & Buzlu, S. (2019)	Codependency in nurses and related factors	Descriptive study method Data collection tools: Individual Information Questionnaire Nurse Codependency Questionnaire (NCQ) Rosenberg Self-Esteem Scale (REES)
Rodriguez, A. (2013)	Resilient women: From victimhood to autonomy case study in the self-help groups Codependent Anonymous	Participant Observation In depth interviews
Rozhnova, T. et al. (2020)	The phenomenon of codependency: Psychological and medical genetic aspects	Clinical and psychopathological – diagnosis in accordance with 10th revision of International Classification of Diseases) assessment of codependency by R.T. Potte-Efron and P.S. Potter-Efron, the codependency scale by Fisher & Spann which was also used in most of the studies in this review, questions for self-diagnosis by Bongina and Wagner’s “hand test” (adaptation by Gerasimov and Enikolopov

### **Data Analysis Procedures**

The approaches to qualitative and quantitative data analysis are different because of the nature of quantitative and qualitative data. Quantitative data are expressed in numbers so researchers employ statistics for their data analysis whereas qualitative data are textual, and researchers are more focused on their meaning and emerging themes. In this segment, I critically analyze how the researchers of the core studies conducted their analysis of the data they have collected.

### ***Quantitative Studies***

In this section, the data analysis procedures of the seven quantitative studies (Abakumova et al., 2020; Aimaganbetova et al., 2020; Kaplan, 2022; Kaur, 2016; Noriega et al., 2008;

Ozdemir & Buzlu, 2019; Rozhnova et al., 2020) are examined and assessed according to the criteria of external validity, internal validity, reliability and objectivity.

Several studies (Abakumova et al., 2020; Aimanganbetova et al., 2020; Kaur, 2016, Rozhnova et al., 2020) provided inadequate information related to their data analysis procedures which made an evaluation of the processes difficult. The lack of information and clarity in the study by Abakumova et al. (2020) carries over to their data analysis; they state that the statistical analysis and data processing was performed using Microsoft Excel 7.0 SPSS (22.0) with the significance of differences taken at  $p < 0.05$  and they go on to describe test values in the level of severity of codependency among participants using graphs denoting variables, sample sizes and percentages. There is no description of the rationale or procedures, limitations or biases, which makes it impossible for the reader to critically analyze how they handled the data they gathered. In comparison, Aimanganbetova et al. (2020) listed the tests used in relation to the study's hypotheses which are helpful and clear for the reader to understand, and while there is a description of the process, no further information was provided regarding their psychometric properties. Kaur (2016) also does not describe how data was analyzed; however, he connects the results from data collection tools to the main objectives of the study and lists the statistical significance of measures when appropriate in the discussion. Rozhnova et al. (2020) do not describe the process of data analysis but present results which denote statistical significance in many areas, which confirms the aims of the study; however, the limited information does not give space for the researcher to detect biases that could affect the validity, reliability and objectivity of the results.

Some of the studies (Noriega et al., 2008; Kaplan, 2022, Ozdemir & Buzlu, 2019); proved to be clearer and more comprehensive in their data analysis while also discussing

limitation of their studies. Noriega et al., (2008) provided thorough documentation of the process of their data analysis, including tables to report statistical analysis of the multiple factors studied. The researchers used descriptive analysis for their sociodemographic data. Data drawn from their survey was analyzed through bivariate and multivariate techniques and the odds ratio was used to estimate the strength of association between the cases of codependence and each of the exposure factors. In their discussion, however, they mention that because of the characteristics of their sample, the findings are only valid for women of a lower middle socioeconomic level which acknowledges a lower degree of external validity. Kaplan (2022) describes how he analyzed his data using various software while including statistical procedures and values using detailed tables, graphs and models, along with a discussion of results. Kaplan (2022) also discussed the limitations of his study due to the sample being only married women who were “housewives”, acknowledging that the results can only be generalized to “housewives” with similar characteristics leading to a lower degree of external validity. Ozdemir & Buzlu (2019) describe the evaluation of their data providing tables with results and statistical significance scores alongside their discussion. Ozdemir & Buzlu (2019) also acknowledge that their study is limited due to the participants being nurses working at five state hospitals and one university hospital within the borders of the city of Gaziantep, noting low external validity due to the results not being generalizable for other settings.

### *Qualitative Studies*

In this section, the three qualitative studies (Aristizábal, 2020; Rodriguez, 2013; Klimczak & Kiejna, 2018) are assessed for trustworthiness through the criteria of credibility, transferability, dependability and confirmability by critically analyzing their data analysis procedures.

Data analysis was not clearly presented or documented in the three qualitative studies (Aristizábal, 2020; Rodriguez, 2013; Klimczak & Kiejna, 2018) leading to low dependability of the studies. Aristizábal (2020) explained that the data collected through the ICOD MP92-100 were descriptive and analyzed through the SPSS software, while analysis of the data from the interviews and focus groups was carried out using the Atlas Ti software. This limited information does not give a clear picture of how the data was analyzed; however, the discussion of the results leads us to a better understanding of how it was done. The ICOD analyzed the four conceptual dimensions of codependency: denial mechanisms, incomplete development of identity, emotional repression and rescue orientation. The participants' scores in these four conceptual factors of codependency were analyzed and were confirmed by the emerging categories from the in-depth interviews and focus groups. The researcher pulled three repeated statements in women's accounts of their relationships and related them all to codependent factors: "I did it for him" related to the theme of rescue orientation and incomplete identity development, "Although He Doesn't Love Me" related to emotional distress and insecure attachment, and "I Preferred to Remain Silent" related to emotional repression. Statements from the women in the Aristizábal (2020) study were presented in the original versions and languages and translated versions. These strategies enabled the reader to gain a better understanding of the data analysis process by following the links involved in the presentation and explanation of the data.

Rodriguez (2013) presented a very brief description of how data was collected in her study and did not clearly explain how she analyzed the data. In her discussion of the results, however, she presented an abstract from two in-depth interviews and her interpretation of the situation and added information that could have been drawn through participant observation.

This provided a glimpse of how she came up with the results, but it does not give the reader enough clues to determine the impact of any biases on the credibility and confirmability of her findings.

Klimczak and Kiejna (2018) successfully pulled emerging themes from the analysis of the data they collected using the interpretive approach. In this approach “the subjects’ stories were treated as a text making up a symbolic form and internal meaning as a deepened subjective understanding to which the researcher arrives through an interpretation of the story” (Klimczak & Kiejna, 2018, p. 180). The researchers presented one randomly selected interview depicted in a narrative structure outlining several themes shown in a graphic chart which was explained as analyzed through this hermeneutic approach. They also indicated that the breadth of the data collected was not possible to include fully in the text which the reader can assume speaks to the rich thick descriptions obtained in the analysis.

Of the three qualitative studies, Klimczak and Kiejna (2018) gave a clearer description of how they analyzed their data, which attests to how they strived to obtain credible and dependable results. Although Aristizábal (2020) mentioned her use of data analysis software which may not be familiar to all readers, the presented discussion of her results leads to a better understanding of how the data was analyzed which enhances the credibility and confirmability of her results. Rodriguez (2013) does not provide enough information on her data analysis procedure, so it is difficult to make a fair assessment of the confirmability of her findings.

### **Findings**

Codependency is a concept that has been the subject of debates among mental health professionals over the years (Bacon, 2018). Although research has made inroads to clarify the concept, its complexity seems to pose challenges towards unlocking its construct which could

explain why it has not been included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This literature review sought to gain a deeper understanding of the concept of codependency by addressing the research question, “What are the experiences of women in codependent relationships?”. In this section, I present a synthesis of the findings of the 10 core studies in relation to my research question.

To synthesize the findings, I went over and read the results in each of the core studies. I critically read the sections and noted the results and connected those that are related. I then grouped and categorized them into themes. I identified eight major themes that addressed my research question: : Experiences of Loss and Suffering, Relationship Difficulties, Living with Addictions and Substance Abuse, Maltreatment and Abuse, Mental Health Problems, Low Self-Esteem and Fear of Success, Tradition and Culture, and Empowerment and Resiliency. These themes are interrelated and tend to overlap so the discussion is centered on the identified theme with integrated insights drawn from the broader literature for clarity of focus.

### **Experiences of Loss and Suffering**

The experiences of codependent women as captured in the interviews and narratives of significant events or family histories speak of loss in various areas of their lives (Klimczak & Kiejna, 2018; Aristizábal, (2020); Noriega et al., 2008; Rodriguez, 2013; Aimanganbetova et al.,2020). The losses experienced by codependent women include: loss of a close person due to death, departure or moving to a new place ( Klimczak & Kiejna, 2018; Noriega et al., 2008); loss of home resulting from running away, being thrown out or due to parents’ death and staying at a foster home (Klimczak & Kiejna, 2018); loss of a sense of security, due to physical, psychological or sexual violence and parental and peer neglect (Klimczak & Kiejna, 2018; Noriega, et al., 2008; Rodriguez, 2013; Aristizábal, 2020) and a lack of clarity and cohesion in

family communication and chaotic level of family adaptability (Klimczak & Kiejna, 2018; Aimanganbetova et al., 2020). Klimczak and Kiejna (2018) identified additional categories like loss of self-respect, loss of respect for others, loss of dignity, loss of trust in other people and loss of faith in God, other people and oneself. The final two categories include loss of health which is a consequence of sacrificing for others to the neglect of one's own needs. The other category is the loss of the will to live which is due to that sense of being abandoned, feeling of failure, health problems and a hopeless future. The researchers explain that the categories of loss are mutually related and the result of difficult and challenging situations that caused increased suffering.

Most of the experiences of loss are traced back to the periods of childhood and youth that carried rich memories of events related to the family home and education. They demonstrate many deficits that originated in childhood which were carried over throughout youth and adulthood (Klimczak & Kiejna, 2018). Klimczak and Kiejna, (2018) presented a clear picture of their participants' childhood experiences. Based on the participants' narratives, parents were over-demanding and failed in fulfilling their roles and responsibilities. Approximately 90% of the fathers were described as inaccessible and cold and showed no interest in their daughters' problems and were more engrossed in what matters to them like their work, drinking, etc. On the other hand, mothers were passive and helpless and were incapable of intervening in situations of danger. Not only was there a lack of parental care and support, these daughters also experienced depreciation of their appearance, skills, intelligence, and choices. To gain acceptance, the participants fulfilled their parents' expectations by taking on tasks which could be considered just too much for their strength. They assumed the "Hero" role with 56 % taking adult tasks as taking care of younger siblings and aging parents. This was their way of compensating for their

parents' shortcomings which protected them from hurtful criticism and feelings of anxiety and sense of guilt. In the same light, Noriega et al. (2008) found that women who experienced affective losses in childhood because of parental abandonment, separation or negligence were almost three times more at risk of being codependent compared to those who did not face such adversities. Additionally, when they experience early losses, children assume roles occupied by the absent parent, like taking care of siblings thus experiencing developmental gaps that are often accompanied by fears and anxiety. Aristizábal (2013) refers to this as "incomplete identity development" wherein the woman lives to meet the needs of others to make up for her feelings of fear and insecurity and it is difficult for her to make decisions because in the inside, she harbors that feeling of being incomplete (p.4)

### **Relationship Difficulties**

In striving towards gaining acceptance and respect, the participants took a great deal of effort in forming relationships in later stages of their life. Results from Klimczak and Kiejna's (2018) study also revealed that their participants experienced difficulty in forming relationships with peers and the opposite sex. The women related all the things they tried to get the attention of the girls in their social network like giving them presents but these efforts only ended in rejection and betrayal. Approximately 94% of the women reported difficulty in forming relations with men, mistrusted those who showed interest in them and in cases where they formed relations, there was too much attachment and involvement. All the participants expressed difficulties with broken relationships. Yet, in spite of how harmful these were for them, they tolerated betrayal and violence. Breakups were extremely difficult such that although they were languishing in their desperation, they still persisted in persuading the partner to return. Thus, even when they suffered harm and humiliation the women ignored their own needs and did

everything to keep the relationship going. Aristizábal (2020) refers to it in terms of emotional dependency, wherein even when the women were aware of it, “naturalized it and generalized it justifying ‘that happens to all of us’—reasons that perhaps explain the difficulty in walking away from these violent relationships” (p.7). This situation is also reflected in one of the abstracts presented in Rodriguez’(2013) study in which the participant describes her experience:

I lived just to please him (the husband), basically I lived for him and what I did was never enough for him...Some days I worked for twenty hours. I hardly slept and I thought that I would please him by acting this way. In return he hardly looked at me, in other words, there was no gratitude, no recognition of the effort, nothing. I expected some love in return and therefore I did more and more each time trying to show that I was enough, that I was good, in order to gain his approval. (p.77)

Klimczak and Kiejna (2018) describe the women’s behaviour as being characterized by “over-responsibility, over-protectiveness and oversensitivity” with a tendency to act on behalf of others while neglecting their own needs (p.185). They explain that because their need for approval is not met, they depreciate themselves and focus on their failures. Klimczak & Kiejna (2018) also sought to examine how these tendencies relate to the Big Five personality traits. They reported that 78% of their participants had high levels of neuroticism manifested in being shy, impulsive and sensitive; 56% of agreeableness as shown in giving up of one’s own needs and difficulty in respecting psychological boundaries and 75% of conscientiousness as demonstrated in their hardworking nature which is often transformed into workaholism, perfectionism and rigidity. Significantly, 87.5% revealed an introverted behavioural pattern as shown by their tendency to be isolated and have limited social contacts while 92% showed a tendency to avoid making changes in their personal life and to remain with destructive social

relations. These characteristics offer a logical explanation of the factors shaping the personality of codependent women in adulthood.

### **Living with Addictions and Substance Abuse**

Most of the earlier literature on codependency emerged in the context of substance abuse and was associated with behaviors attributed to the wives of alcoholics (Bacon, 2020). The concept was greatly influenced by the perspectives of Alcoholic Anonymous communities in the USA which regarded codependency as an illness and led to the notion that the people who were close to the substance user were also suffering from the illness. The researchers of the core studies (Aimaganbetova et al., 2020; Noriega et al., 2008; Rozhnova et al., 2020; Rodriguez, 2013; Kaur, 2016) in this literature review did not disregard the role of alcohol and drug addictions in women's experiences of codependency. Aimaganbetova et al. (2020) focused on codependent mothers whose children suffer from addiction. They claim that since the mother is the key figure in the life of a child, psychological changes in the context of codependence are most closely observed in mothers. The researchers reported that the mothers' average score on the Spann-Fischer Codependence scale is 80.2 indicating pronounced codependence which is demonstrated by 78% of the women participants. They concluded that based on the data, "codependence is quite a stable and common state among addicts' mothers" (p.87). The preliminary interviews revealed that the mothers were highly involved in the life and rehabilitation process of their adult-addicted children and were unable to focus on something other than their children. As well, the study pointed out that the severity of codependence affects the characteristics of the family system. Aimaganbetova et al. (2020) found that "women with a very high degree of codependent models experience despair, powerlessness and disbelief in their own abilities due to the exhaustion of all means and resources...[while] women with a high

degree of codependent models are more alienated from society, vulnerable to criticism and have a pronounced sense of guilt for addicts' family problems" (p.87). Four models of dysfunctional families characterize codependent women with addicted children undergoing rehabilitation. The level of family adaptability in codependent mothers is expressed as chaotic and rigid while the level of family cohesion shows a tendency towards an enmeshed and disengaged level.

Noriega et al (2008) tested two hypotheses regarding the relationship of alcoholism and codependency. They found that women who had a partner with probable alcohol dependence were nearly five times more at risk of being codependent than those without this problem. The risk of women with a history of the father's alcoholism being predisposed to developing codependence is twice as high as those with no history. In a related light, Kaur (2016) found that among wives of alcoholics, nearly three-fourth (72,2%) of the respondents had medium level of codependency while 20.3% had a high level and 7.5% had a low level. This is related to the findings of Atintaş and Tutarel-Kışlak (2019) who did a comparative study between women whose spouses are alcoholic and other women whose spouses are non-alcoholics. Atintaş and Tutarel-Kışlak (2019) found that alcoholics' wives have higher levels of codependency and a lower level of marital adjustment than wives of non-alcoholics.

In their study of the psychological and genetic components of the phenomenon of codependency, Rozhnova et al. (2020) found that codependent women showed auto aggressive, destructive behavior patterns and a family history of alcoholism. Their clinical and genealogical examination of codependent women revealed a statistically significant high frequency of secondary alcoholism which was predominant in males in the genealogy of individuals with codependency. The presence of a genetic factor in the development of codependency is related to one of the findings in Noriega et al.'s study (2008) that women with an alcoholic father have a

higher risk of developing codependency. Rodriguez' (2013) study involves the experiences of resilient women who participate actively in Codependency Anonymous groups of women with histories of domestic violence and substance abuse problems. Codependency Anonymous groups are part of self-help groups in the 1940s that started with the Al-Anon groups formed by women and families of alcoholics in recovery programs like Alcoholic Anonymous groups. These groups use the twelve steps program as the model for recovery. Rodriguez (2013) was particularly interested in studying those women who have developed resilience despite their experiences of violence that is linked to addictions. She claims that helping women develop self-responsibility helps in breaking “the violence-alcohol consumption-codependency-violence cycle” and self-help groups like Codependency Anonymous could be the answer to the alcohol and drug problem in Mexico (p.79).

It is significant to note that the codependent women participants also resorted to alcohol, drugs and other substances because their needs are unnoticed and not being fulfilled by the other person despite their sacrificial efforts to serve while neglecting their own needs. While some tried to heal their wounded souls through activities like art, sports and spirituality, others turned to alcohol, drugs and psychoactive substances in attempts to make up for the unhappy feelings (Klimczak & Kiejna, 2018), to escape from the pain of emotional isolation (Aristizábal, 2020) and after feeling depressed and too tired to continue (Rodriguez (2020).

### **Maltreatment and Abuse**

Codependency affects women who have been victims of maltreatment and abuse. Noriega et al. (2008) found that the risk of being codependent is almost four times more for women whose partners mistreated them either sexually or physically. In the case of emotional mistreatment by a partner which turned out to be nonsignificant in the study, the researchers

recommend that it be re-examined in more depth. For women with a family history of mistreatment, the risk of being codependent is twice as much as those who were not mistreated during their childhood (Noriega et al., 2008). This seems to indicate greater vulnerability when relating to a partner with violence problems when they had been intimidated or devalued at an early age. Noriega et al. (2008) suggest that further research be undertaken regarding emotional mistreatment taken independently or together with other conditions which may appear insignificant but could result in deep emotional wounds. Furthermore, verbal abuse is often treated as normal in certain cultures.

Klimczak and Kiejna (2018) mention that one of the losses experienced by the women participants in their study is the loss of a sense of security due to physical, psychological or sexual violence or neglect on the part of family and peers. In their childhood, the women suffered psychological abuse from their overdemanding parents who depreciated their appearance, skills and choices. Ozdemir and Buzlu's (2019) study also revealed that the nurse participants experienced being beaten (10.2%) threatened (10.4%) and neglected physically(8.2%) and emotionally(8.2%) during their childhood and youth. They also suffered sexual abuse by foreign individuals (5.2%) and by family members and relatives (3.2%).

Abuse was also manifested when the women were made to assume responsibilities beyond their capacity to do so (Klimczak & Kiejna, 2018; Noriega et al., 2008; Aristizábal (2020). This experience is reflected in the result of the analysis in Aristizábal's (2020) study that showed that their sample of imprisoned women obtained the highest score in the *rescue orientation* factor as measured in their codependency instrument, ICOD. In this factor, the woman controls her environment and seeks to solve others' problems by working excessively and with overwhelming responsibility. It is compounded by the *denial mechanism* factor that is

manifested in trying to avoid facing a difficult reality like tolerating mistreatment and justifying their partner's faults as demonstrated in this quote from Aristizábal (2020):

I did everything for him . . . , I fell madly in love . . . [ . . . ] I blindly trusted him and worried about his things, so that he was well [ . . . ] He never hit me, but the worst thing he could have done was send me to coordinate the robbery while he stayed directing it from home . . . I did it for him, so that he was well" (S-8, Woman registered on line 8 of the database) (p. 8)

The narratives of Rodriguez' (2013) participants depict similar cases of maltreatment and abuse by their partners as they took on the responsibility of caring for them, meeting their needs while neglecting their own. But despite their experience as victims of violence, the women saw their role as caring for the other.

### **Mental Health Issues**

Women in codependent relationships experience mental health problems that could be traced to the pathological relationships they have with family members and partners. "Housewives" constituted the focus of the studies of Kaplan (2022) and Kaur (2016). Kaplan (2022) examined the mental health states of "housewives" within the framework of codependency and self-perceptions. He found that a strong correlation exists between the mental status of "housewives" and both codependency levels and self-perceptions. The analysis showed a strong positive correlation between the psychological symptoms of "housewives" and their level of codependency ( $p < 0.001$ ). Within a codependency perspective, the codependency levels of "housewives" accounted for 79% of the psychological symptoms. A rise in codependency levels also indicated an increase in the incidence of mental health problems. The psychological symptoms include somatization, obsessive-compulsive, interpersonal sensitivity, depression,

anxiety, anger and hostility, phobic anxiety, paranoid ideation, psychoticism and other issues while the codependency dimensions encompassed other focus/self-neglect, self-worth, hiding self, medical problem, and family of origin issues. Kaplan (2022) also found that a strong correlation also exists between women's mental status and their self-perceptions. Having a negative self-perception increases the incidence of psychological symptoms in "housewives". Based on the analysis, the negative self-perception of "housewives" accounted for 79% of the psychological symptoms. A negative self-perception could be regarded as a cause of mental health symptoms (Kaplan, 2022) since it is formed by the individual internalizing what she/he is like as perceived by others (Yeung & Martin, 2003). Since women's social interactions within a social and cultural environment adversely affect their self-perceptions, how the tradition and culture prevailing in a society impact a woman's profile and her self-perception will be discussed in another segment of this paper, *Effects of Tradition and Culture*. In the findings of Kaplan's (2022) study, the negative self-perception of "housewives" as a woman might give rise to mental symptoms like somatization, obsession, anger, paranoia, eating and sleeping problems. Furthermore, the study revealed a strong correlation exists between the level of codependency and self-perception. Kaplan (2022) asserts that codependency is a strong factor in the development of a negative self-perception, and this is because a codependent individual puts another person as the focus of her life. In so doing, she denies her own needs to please the other person which reduces her self-worth that eventually results in the development of a negative self-perception over time.

Early interpretations of the concept of codependency were associated with behaviours of people close to the alcoholic like their wives. In his study, Kaur (2016) assessed the level of depression and the level of codependency among wives of alcoholics in a selected rural

community and found that majority of the subjects had mild to moderate levels of depression. In terms of the level of codependency the study revealed that 72.2% of the subjects had a medium level of codependency. The analysis of data showed that a positive correlation exists between codependency and depression ( $r=+0.73$  and it was statistically significant at  $p<0.001$ ). This is consistent with the findings of several studies (Hughes-Hammer et al., 1998; Backe et al., 2008; Karasar, 2021) showing that depression and codependency are strongly related.

Separation anxiety which is associated with bonding and alienation in a relationship is experienced by mothers of addicted children as shown in Aimaganbetova et al.'s (2020) study. The researchers found that 56% of the mothers whose adult addicted children were undergoing rehabilitation had a very high level of separation anxiety (average score -64.8). The results also demonstrated that separation anxiety is more marked in women with a very high degree of codependency. The findings of Ozdemir and Buzlu (2019) also indicated that physical and emotional health issues have an impact on codependency and that nurses with physical and mental health issues were found to have higher levels of codependency. This was seen as due to anxieties of incapability or their need to show higher performance. Rozhnova et al. (2020) also concluded that “ the auto-aggressive personality vector of codependent individuals contributes to destructive forms of behaviour and formation of mental and physical spectrum disorders and psychosomatic pathology” (p.5).

### **Low Self-esteem and Fear of Success**

Findings from the core studies (Ozdemir & Buzlu, 2019; Klimczak & Kiejna 2018; Aristizábal, 2020) indicate that codependent women suffer from low self-esteem. The literature on codependency includes low self-esteem which results from focusing on others with a disregard for the Self as one of the fundamental symptoms of codependency. Ozdemir and

Buzlu (2019) used the Rosenberg Self-Esteem Scale (RSES) to measure nurses' self-esteem in their study aimed at examining codependence in nurses and the factors affecting codependence. The researchers claim that nursing is seen as a profession that puts great emphasis on being sensitive to the needs of others and in providing care hence they are generally perceived as putting a lot of effort to fulfill this role with self-sacrifice, being protective and giving priority to their patients' needs. This can lead to a loss of professional identity which could result in codependent behaviours as they fulfill their caretaking responsibilities. Findings from their study showed that nurses with low self-esteem have higher levels of codependency and that self-esteem is considered as both the reason and result of codependency. Since the level of codependency was found to be higher in nurses who have experienced physical, emotional and sexual abuse during their childhood as well as physical and mental health issues, it could be argued that low self-esteem is also rooted in these experiences which cause codependency. Codependent behaviours such as the failure to recognize professional boundaries and overly emphasizing caretaking duties and others' needs to the point of neglecting their own needs leads to a greater loss of self-esteem. Recognizing that low self-esteem is an important factor in the development of codependency, Ozdemir and Buzlu (2019) stressed the need to plan approaches to improve and raise nurses' self-esteem.

The narratives of the participants of Klimczak and Kiejna (2018) describe how low self-esteem is developed in the women from their childhood experiences of their needs not being noticed and fulfilled by the people closest to them. Low self-esteem is manifested in their depreciation of their own image and focusing attention on other people and on their own failures. Evident tendencies toward the Big Five Personality traits showed the tendency of the women participants to a high level of neuroticism which is manifested as shyness, hypersensitivity,

depressive moods and low sense of self-esteem. The experiences described in the narratives also reveal an introverted behaviour pattern as depicted in their tendency to seek isolation, limiting of social contacts, tendency to conceal experienced problems and lack of assertiveness which contribute to a low self-esteem. In the interviews of imprisoned women, Aristizábal (2020) traces how affective dependency grows and manifests in women in their stories under the theme, “Although He Doesn’t Love Me”. According to Scantamburlo et al. (2013) affective dependency is characterized by emotional distress and dependency to another person with a low self-esteem and reassurance need. Aristizábal (2020) claims the women had affirmed the need to be with someone even when there is no love in return justifying it with the benefit of companionship, an evidence that they are affected by affective dependency characterized by an excessive affective bond to their partners due to low self-esteem.

The research by Abakumova et al. (2020) seems to view codependency from a perspective that seems to deviate from the greater bulk of the research literature. Starting on the premise that dynamism in culture and personal value orientations have an impact on a socio-cultural phenomenon as success, Abakumova et. al. (2020) investigated the relationship between women’s level of codependency and ideas about success.

The literature on codependency uses the term codependency to refer to an unhealthy form of dependency and uses the term interdependency to denote healthy forms of dependency. This points to codependency as a negative concept. Abakumova et al.(2020) seem to embrace this concept of codependency when they assert that “people in codependent relationships tend to lack the necessary skills, resulting in dysfunctional relationships and ineffective functioning” (p.2). Additionally, they explain that this constant concentration of thought on someone or something or dependence on a person or object sometimes becomes a pathological condition. In their

discussion of their results however, they present 3 levels of codependency: normal, moderate and severe. They describe the respondents from each group with 42% of the women with moderate codependency, 30% with normal level of codependency and 28% with severe codependency. They characterize the women with a moderate level of codependency as sometimes having the tendency to inadequately evaluate relationships; those with a normal level know how to adequately assess their relationships with others and build healthy relationships; while those with severe codependency show a strong physical and emotional dependence on the object of codependence and this codependent situation is sometimes not recognized believing that it is the norm. The designation of a “normal” level of codependency makes it different from most studies.

Abakumova et al. (2020) found that in examining the main manifestations of the fear of success, they found that 37% of the participants experience significant anxiety over the insufficient time and attention given to their family or loved ones. Women with high levels of codependency express fear of not having enough time for the family ( $r= 0.56$  at  $p<0.05$ ); fear of preserving the family ( $r=0.53$ , at  $p<0.05$ ); and fear of a leadership position ( $r= 0.65$ , at  $p<0.05$ ). A relationship also exists between a high level of codependency and an orientation toward failure ( $r=0.48$ , at  $p< 0.05$ ). Although the desire to avoid failure drives women to achieve, they do not have confidence with their own strength. Findings also reveal that a direct correlation exists between the normal level of codependency and dissatisfaction with one’s professional role ( $r=0.48$ , at  $p<0.05$ ) which indicates that the lower the level of codependency, the higher the fear of not being realized in the profession. As well, a normal level of codependency is related to the orientation toward success ( $r=0.45$ , at  $p<0.05$ ) which means that the more successful women are, the less codependent they are. The researchers conclude that there is a relationship between the women’s level of codependency and ideas about success.

## **Effects of Tradition and Culture**

The analysis of the data gathered by the researchers of the core studies (Noriega et. al., 2008; Rodriguez, 2013; Kaplan, 2020; Ozdemir & Buzlu, 2019) showed the strong impacts of tradition and culture in the development of codependency in women. Noriega et al. (2008) found that Mexican women who play their role with a submissive cultural script were nearly eight times more vulnerable to developing codependence than those who do not follow this program. Research on the “machismo” and “submission” scripts describe them as complementary for both genders as women are culturally assigned to a submissive role while men are raised to dominate women (Lara-Cantu, 1990). Another Mexican cultural concept is dubbed Marianism, which is associated with the belief that suffering and denial demonstrate that women are spiritually stronger than men (Lara & Navarro, 1986,1987 as cited in Noriega, et al., 2008). The beliefs, attitudes and behaviours constituting these cultural scripts are perpetuated as they are handed down to women from one generation to the next. In the same vein, Rodriguez (2013) relates that gender cultural habits in Mexican culture reflect expectations concerning women that are congruent with patterns of codependency. Mexican women are expected to take care of their family, parents, children, husbands and when they arrive at a point when their help is no longer needed, emotional dependence may arise that expresses itself as guilt, fear of abandonment, fear of being alone, and other issues.

Ascribed roles of women in society also contribute to women’s codependency. Results from Ozdemir and Buzlu’s (2019) study indicate that female nurses had higher codependent caretaking scores than males. Role expectations of women dictate that they take care of the needs of their spouses and children sometimes neglecting themselves which could be the reason why codependent caretaking was found higher for women. Ozdemir and Buzlu (2019) also pointed to

society's expectations of nurses as strong, self-sacrificing, warm and protective and giving priority to the needs of their patients. Caring for others is a valued trait which is consistent with cultural roles expected of women and nurses thus caretaking codependency is observed more in women.

Kaplan (2022) analyses the codependency among "housewives" as the result of growing up in patriarchal societies and adopted gender roles characterized as being overly emotional, insecure and fearful of their environment. Women generally describe themselves as "emotional/fragile, passive, tired, victim and insecure" which are in tandem with traditional gender roles (Kaplan, 2022). The traditional family structure expects women to focus on her family first and to take care of her family. Kaplan (2022) asserts that this view is consistent with Turkish culture and because women focus on the health and well-being of others and stress so much "on what others think" cause women to experience serious mental problems. Findings from these studies (Noriega et. al., 2008; Rodriguez, 2013; Kaplan, 2022; Ozdemir & Buzlu, 2019) demonstrate that traditional and cultural beliefs, attitudes and practices that reflect gender role expectations which are carried on from generation to generation perpetuate the cycle of codependency.

### **Empowerment and Resilience**

The narratives of codependent women also resonate with possibilities of transformations and new life in their experiences of codependency. A redemptive slant brings the study of Rodriguez (2013) to a new wave of hope to turn the tide from suffering to learning empowerment and resilience. In her study, Rodriguez (2013) used participant observation of Codependence Anonymous groups as well as in-depth interviews with participants. The main objective was to find out how women in the groups describe themselves and their experiences of

family violence and abuse and how they were able to move from victimhood to a stage of resiliency. The participants include six women who after surviving abusive relationships with the help of a self-help group set up new self-help groups for women who went through the same experience. Based on the interviews, the participants claimed that with the help of Codependency groups that enabled them to move from dependency to self-reliance, they have learned new ways of development; they also emphasized the importance of the group support. What helped were the spiritual principles in the twelve steps used as the model of recovery in Codependence Anonymous groups. Additionally, the group support was important as well as the motivation that came with the sharing of experiences of the empowered women in these groups. The results of the study show that by attending Codependent Anonymous self-help groups, the women were able to develop self-reliance and to maintain their new way of living. As well, they learned new strategies for facing violence with empowerment and eventually could become helpers of women who need help.

This last theme that emerged from the findings indicates that amidst the struggles and suffering of women whose lives got enmeshed within what Aristizabal (2020) referred to as “psychic prisons”, the quest for freedom starts with women acknowledging their damaged selves and wounded souls. Only then will they be able to escape from the prison of codependency and break the bond that could entrap them for generations.

### **Ethical Considerations**

The purpose of this section is to discuss both professional (clinical) and research ethics (methodological) issues pertinent to the studies included in this review. In conducting research involving humans, researchers need to be aware of and to abide by ethical guidelines as embodied in the codes in each field and area of research. Researchers in Canada are guided by

the *Tri-Council Policy Statement (TCPS 2)* Canadian Institutes of Health Research [CIHR] et al., 2018) and the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association [CPA], 2017). Although the core studies were conducted in other countries, the ethical considerations in these studies would be most likely guided by the same principles that are contained in these two documents. TCPS 2 (CIHR et al., 2018) contains 3 guiding principles: respect for persons, concern for welfare and justice while the Canadian Code of Ethics for Psychologists (CPA, 2017) lists four main principles: respect for the dignity of persons, responsible caring, integrity in relationships and responsibility to society.

### **Informed Consent**

The principle of *respect for persons* is concerned with the consent process. It implies that participation in research should be voluntary and that participants understand the purpose of the research as well as the risks and benefits (CIHR et al., 2018). It is the responsibility of researchers to provide their prospective participants all information necessary to make an informed decision about the research. Significantly two studies (Abakumova et al., 2020; Rozhnova et al., 2020) did not mention any information related to informed consent in their studies. Aimaganbetova et al. (2020) did not directly discuss ethical considerations of their study; they only mentioned that in selecting their respondents, any woman whose child was undergoing rehabilitation in two centers could participate and that the testing was voluntary and anonymous. Furthermore, before starting the examination, an individual interview was held with the prospective participants to study anamnestic data. Aimaganbetova et al. (2020) indicated that the examination aimed “to form an atmosphere of confidential psychological contact and to create motivation for them to participate in the study” (p. 82). They also noted that the women were reluctant to participate in the study and that in the interview, they were withdrawn, refused

to answer any questions, and found it difficult getting the right words and to describe their emotions. This makes me wonder whether the participation was truly voluntary and anonymous or whether the participants were coerced into participating in the study. Rodriguez (2013) does not mention ethical considerations in her research; however, the reader can likely assume that the women's participation was voluntary, and anonymity and confidentiality were guaranteed due to the nature of Codependents Anonymous. There was no mention however that informed consent was given.

Kaplan (2022), Kaur (2016), Ozdemir and Buzlu (2019), Noriega et al. (2008), Klimczak and Kiejna (2018) included a specific section on ethical principles of research in their study. They all indicated that they obtained ethical approval prior to conducting their study. Kaplan (2022) reported that before conducting his study, ethical approval was obtained from Harran University Social and Human Sciences Research Ethics Committee; Kaur (2016) got a formal permission to conduct the study in the village of Sarpanh; Ozdemir and Buzlu (2019) noted that Ethics council approval was from the Gaziantep University Clinical Studies Ethics Council Directorate; Noriega et al. (2008) had the authorization of the Health Center Director to undertake the research. Klimczak and Kiejna (2018) declared that their study was carried out in accordance with the Code of Ethics of the World Medical Association (Declaration of Helsinki) on medical research involving human subjects. The information provided by the researchers in these studies attest to their observance of ethical research guidelines.

The researchers of six studies (Kaplan, 2022; Kaur, 2016; Ozdemir & Buzlu, 2019; Noriega et al., 2008; Klimczak & Kiejna, 2018; Aristizábal, 2020) also obtained informed consent from their participants. Kaplan (2022) sent an information form to the participants before their participation containing the study's purpose, duration and the rights of the participants to

withdraw at any time they wished. They could also contact the researcher for any questions about the study and to obtain any information about the results. Likewise, Kaur (2016) reported getting informed written consent from his participants while Ozdemir and Buzlu (2019) asked their participants to sign a form to indicate their voluntary participation in the study. Noriega et al.'s (2008) participants signed an informed consent sheet after being given information about the objective of the study, their right to withdraw if they did not wish to continue, a commitment to send them a summary of the research results and a list of support centers for alcoholism and domestic violence in Mexico city. In the same vein, Aristizábal (2020) reported that information with regard to the study was shared with the participants and their decision to participate voluntarily was registered through a signed informed consent. On the other hand, Klimczak and Kiejna (2018) just indicated that they conducted interviews with the participants and that with the subjects' consent, these were recorded and transcribed. These are all indications that by obtaining the informed consent of their participants, the researchers in these studies complied with the ethical principle of respect for persons as contained in TCPS 2 (CIHR et al., 2018).

### **Privacy and Confidentiality**

In conducting research, it is the duty of researchers to protect and respect the privacy of participants and to treat and safeguard personal information in a confidential manner (CIHR et al., 2018). The right to privacy is demonstrated through the exercise of consent while the ethical duty of confidentiality is demonstrated in safeguarding entrusted information. Of the core studies, Kaplan (2022), Kaur (2016), Noriega et al. (2008) addressed the issues of protection of privacy and confidentiality. Kaplan (2022) mentioned that the form sent to the participants before the conduct of the study included the assurance that their information will be kept confidential while Kaur (2016) stated that they maintained anonymity of their participants and

confidentiality of their information. Noriega et al. (2008) guaranteed the confidentiality and anonymity of the answers to their survey while Aristizábal (2020) reported that the participants' personal data are reserved and so the identification code was used in their study which could be interpreted as her way of protecting the identity of the participants. While the other studies were silent on this issue, it is most likely that those who have obtained approval from their Ethics Committee or Review Board complied with this guideline.

### **Conflicts of Interest**

A conflict of interest occurs when activities put an individual or institution in conflict between the duties related to research and personal, institutional or other interests (CIHR et al., 2018). It is therefore the duty of researchers to disclose any real, potential or perceived conflicts of interest that may have an impact on their research. Researchers should ensure that financial considerations do not undermine the integrity of their research by being transparent on funding sources of their research work. Acknowledgments / Disclosure of funding sources/ No conflicts of interest statements were found in several studies. Abakumova et al. (2020) included an acknowledgment that their research was funded by the Russian Foundation for Basic Research. Kaplan (2022) noted that there are no conflicts of interest in connection with his paper. Klimczak and Kiejna (2018) also declared no conflict of interest and no financial support for their paper. Aristizábal (2020) acknowledged Universidad Autonoma de Bucaramanga for funding the project, declared no conflict of interest and that the funder had no role in the study. Ozdemir and Buzlu (2019) indicated that there are no financial supports and competing interests for their study. The disclosure statements included in the above-mentioned studies demonstrate the researchers' desire for transparency and their awareness of their ethical duty as researchers.

## **Responsible Caring**

Researchers adhere to the principle of Responsible Caring by protecting and promoting the well-being and best interests of their research participants (CPA, 2017). Since research on codependency involves vulnerable populations, it is an ethical duty of researchers to care and show concern for their participants' welfare. Noriega et al. (2008) fulfilled this ethical responsibility when they made a commitment to the participants in the study that they will submit a written summary of the results of their research upon request. Furthermore, at the end of the research, each participant was given a list of support centers for alcoholism and domestic violence in Mexico City. Kaur (2016) also showed concern for his participants when he indicated that the aim of his study was to combat codependency among wives of alcoholics by preparing and distributing guidelines for the prevention of codependency and depression. It is also significant to note that the research conducted by Aristizábal (2020) and Rodriguez (2013) deals with empowerment and developing resiliency, thus benefiting the women participants in these studies.

## **Application to Clinical Practice**

In this section, I discuss the implications of the findings to clinical practice in terms of contribution to clinical knowledge, improvement of practice and the betterment and well-being of society.

## **Victims of Abuse**

A common theme throughout literature is the link between being a victim of abuse and codependency. Noriega et al. (2008) found that women who had partners who had mistreated them physically had a 3.6 times greater risk of codependence, women who had been sexually mistreated by partners had a 4.2 times higher risk of codependency, and women with a "family

history of emotional mistreatment” had a 2.3 times higher risk of codependency. As clinicians, understanding that past or current abuse is a risk factor for developing codependency would be essential to mitigating negative impacts. Based on the Aristizábal (2020) study, valuable data on possible ways to escape domestic violence were identified in relation to codependency that could be beneficial for clinicians: firstly, having an understanding of codependency and being able to identify the main factors and behaviours affecting a client; second, to identify harmful effects on client’s lives when assessing mental health and quality of life; third, to identify fears and avoidance of acknowledging reality; and fourth, to identify what would happen in the future if they continue the relationship and supporting the client to reflect on possible decisions. Creating a safe therapeutic environment and foundation of trust and respect with a client is important for any sustainable change. A clinician’s responsibility to recognizing and respecting a woman’s choice to stay or leave an abusive partner is important. Understanding potential codependent patterns and behaviours of women as survival mechanisms rather than deficiencies can help a clinician provide genuine and non-judgmental support for women in abusive relationships.

### **Grief and Codependency**

From the findings, loss was a major theme for codependent women. As a clinician, recognizing loss in its various forms such as those found in the studies: loss of a close person due to death, departure or moving to a new place (Klimczak & Kiejna, 2018; Noriega et al., 2008); loss of home resulting from running away, being thrown out or due to parents’ death and staying at a foster home (Klimczak & Kiejna, 2018); loss of a sense of security, due to physical, psychological or sexual violence and parental and peer neglect (Klimczak & Kiejna, 2018; Noriega et al., 2008; Rodriguez, 2013; Aristizábal, 2020) and a lack of clarity and cohesion in family communication and chaotic level of family adaptability (Klimczak & Kiejna, 2018;

Aimanganbetova et al., 2020) among many other forms of loss are important for a therapist to understand and how they are linked to codependency. When processing grief and loss in therapy, a therapist's ability to be curious about a woman's coping mechanisms and shedding light and psychoeducation on potentially maladaptive codependent behaviours and the possible reasons behind the patterns and behaviours could help bring out more positive outcomes in the healing process.

### **Protective Factors**

Noriega et al. (2008) found that women who did not complete middle school proved to have a 3.7 times greater risk of developing codependence, indicating education as a potential protective factor against codependency. Understanding protective factors can help clinicians support and guide clients in prevention. Rodriguez (2013) discussed the help that Codependency Groups provided in moving women from dependent roles toward self-reliance attitudes and empowering the women to let go of victim attitudes. Gaining help from the Codependency Groups allowed women to move towards developing self-responsibility and self-reliance, and in turn increased self-esteem and the ability to break cycles of codependency, alcohol and violence (Rodriguez, 2013). It would be helpful for mental health professionals to have an understanding of not only the existence of groups such as Codependents Anonymous, but of the protective factors of community and possibility for building attributes such as empowerment and resiliency. A woman from the study who founded two Codependence Anonymous groups in Mexico overcame depression and alcoholism and when describing her current life, she said "My life now is wonderful. I recovered the capacity of trusting myself, now I realize that I'm not stupid, that I have the skills to support myself and nowadays I know that I'm capable of being alone and economically independent" (Rodriguez, 2013, p. 7). Alternate viewpoints of codependency also

emphasize the resilience factor of codependency when taking the perspective of viewing women's capacity to endure hardship and challenging circumstances and maintain difficult relationships as a strength (Darcy & Beamish, 1998). These viewpoints from the perspective of a therapist will help view codependency through a compassionate lens and positive light when treating clients. Since Codependents Anonymous groups are also free and accessible to all people, this would also be beneficial as an alternate resource to folks and possibly alleviate pressure on an overburdened and poorly funded mental health care system.

### **Culture**

Keeping in line with the ethical responsibility as a psychologist to the ethical principle of the respect for the dignity of all persons and people, the nature of their contract with society demands that their greatest responsibility be to persons and peoples in the most vulnerable position (CPA, 2017). From the literature, cultural implications of codependency are mentioned in the Noriega et al. (2008) study noting that women in Mexico may be culturally conditioned to be submissive in marriage and accept unequal power in relation to men and men perpetuate this inequity by their conditioning to dominate women. Noriega et al. (2008) note that because of the traditional cultural female roles and the emphasis on submissiveness for women in Mexico, codependency cannot be conceptualized as an individual problem. The findings from Rodriguez (2013) also noted an impact of practices of Mexican culture in the development of codependent patterns in women when observing Codependents Anonymous groups. The feminist critique of the inclusion of codependency as a diagnosis is that it would allow society to label all women who follow societal conditioning to exist in a patriarchal system, as having a psychological disorder (Glenday, 1996). As clinicians, it is important to understand the impacts and vulnerability of all clients, especially women functioning in a patriarchal system and some

cultures in which traditions and practices often mirror, emphasize and expect codependent characteristics and behaviours in women.

### **Recommendations for Future Research**

Based on the limitations of the findings, recommendations for areas of further research are discussed in this section. In the future, the opportunity to expand the research on codependency to include not only men, but gender diverse folks outside of the gender binary as well as cross-culturally is important to move towards inclusivity and a greater understanding of the impacts on society. In searching and selecting articles for the topic of this review, it was challenging to find any relevant articles in recent years based in either Canada or the United States which potentially may speak to cultural differences and provide direction for recommendation for future research. The existing literature was focused mainly on heterosexual partnerships and future studies on the impacts of codependency on other types of relationships such as same sex, polyamorous, and platonic relationships would be beneficial. In popular culture there has been an upsurge on the topic of codependency or synonymously people pleasing behaviours, but there still appears to be large gaps in literature and a lack of empirical evidence and research to further understand the concept. The phenomenon of codependence is one that is ripe for future research and the implications on future clinical therapeutic practice have the possibility to be vast.

### **Conclusion**

This paper began by asking the research question “What are the experiences of women in codependent relationships?” to gain a better understanding of women’s experiences of codependency. Although the term “codependency” has been around since the 1940s when describing characteristics of individuals who are affected by a loved one’s problematic use of

alcohol or drugs (Bacon, 2014; Giddens, 1992; Irvine, 1993; Palmblad, 2013; Nordgren, et al., 2020), the concept has evolved over the decades but the lack of clarity has remained to this day.

To answer my research question, I critically analysed 10 studies on the experiences of women in codependent relationships. Eight major themes emerged from the findings:

Experiences of Loss and Suffering, Relationship Difficulties, Addictions and Substance Abuse, Maltreatment and Abuse, Mental Health Problems, Low Self-Esteem and Fear of Success, Tradition and Culture, and Empowerment and Resiliency.

For further research and a deeper understanding of the concept of codependency and its impacts, studies that include not only women but people across genders, cultures, ages, sexual orientations, and socioeconomic backgrounds is recommended. This could be significant in guiding the work of mental health professionals in the inclusive treatment of all clients and creating awareness around a phenomenon that is widely misunderstood.

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