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FOREIGN STUDIES OF THE CODEPENDENCY PHENOMENON

The article highlights the foreign aspects of psychological interpretation for the phenomenon «codependency», the most controversial yet the least studied in terms of its scientific analysis. The research defines conceptual foundation for further theoretical verification in the direction of foreign psychological studies. We consider the psychological characteristics of a co-dependent personality and the principal mechanisms of formation of similar relationships. The review of classic and contemporary research is undertaken and the approaches to definition of the given phenomenon are analyzed.

The codependency is regarded as a psychological state characterized by a strong disquietude and extreme emotional, social, and sometimes physical dependence on a person or an object. As a result, such dependence on another person becomes a pathological state that affects all the relations of a codependent person.

Scientists have proved that codependency is connected not just to alcoholism or chemical dependence in families but to various types of chronic family stressors.

In addition to parental chemical dependency, other family stressors may include ineffective parenting styles, parental abuse, as well as parental mental and physical health.

This phenomenon is also present in dysfunctional families. People from such families do not understand a role clarity, cannot express emotions, their parents often have mental health problems and that promoted the development of codependency.

Researchers also point to cross-cultural limitations of this concept. There are cultures which emphasize individualism of personality, while others approve of the behavior of codependent women in the family.

The analyzed works of the codependency phenomenon confirm the necessity of further research. The psychologists should be more inclined to explore larger sample sizes, varying minority groups, and more representative population with greater depth.

Keywords: codependency, dependency, dysfunctional family, co-dependent personality, family systems.

1. INTRODUCTION

The construct of codependency evolved from the chemical dependency field in the treatment of families of alcoholics. This term has become popular among mental health professionals as well as the general public since its inception at the end 1970s.

Originally, codependency is expressed in recognizable patterns of behaviors and attitudes characteristically found in family members or marrieds of an alcoholic (T. Cermak, M.Beattie, S.Wegscheider-Cruse, C.L.Whitfield). The genesis of the concept of codependency can be traced back to 1784 when Dr. Benjamin Rush first described habitual drunkenness as a disease. This idea fell out of favor during the Victorian era.

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Then alcoholism became known as the disease umbrella. Thereafter, alcoholics were seen as the victims of a biological and psychological process that rendered their behavior uncontrollable.

Soon after this development, a second trend began, which also contributed to the formation of the codependency construct: the family systems movement. Alcoholics now were viewed in a relational context. Their drinking behavior had an impact on the entire family system as well as its individual members, just as their drinking behavior was affected by these same people. S.J. Katz and A.E. Liu use the mobile analogy: "when one piece of the mobile is swinging wildly out of control, all the pieces react by moving in ways that will offset the disturbance to the unit as a whole"². Experts began noticing, for example, that children of alcoholics tended to become alcoholics or develop psychological difficulties themselves³. It was then necessary to find a term to describe these types of out-of-control, compulsive patterns of behavior that characterized these family members.

In recent years, the construct of codependency has been associated with exposure to any chronic stressful events within the family environment such as physical, sexual, emotional abuse, neglect or excessive trauma⁴. Codependency is defined as "a pattern of painful dependence on compulsive behaviors and on approval from others in an attempt to find safety, self-worth, and identity"⁵.

Since the early 1980s, the term has been expanded so that it has surpassed its situational scopes. There appeared more groups of people who have codependency such as: people in relationships with emotionally or mentally disturbed persons; adult children of alcoholics; people in relationships with chronically ill people; parents of children with addictive behavior; people in relationships with irresponsible people. Therefore, a relationship with an alcoholic is no longer the exclusive focus of codependency. A codependent person has become one who has a relationship (personally or professionally), with a "troubled, needy, or dependent person"⁶.

Most of the writers are quite indefinitely in their definitions, using different of symptomatology. For instance, S.Wegscheider-Cruse, one of the first to use this term, looks upon codependency as "a primary disease and a disease within every member of an alcoholic family"⁷. M. Schutt (1985) says that it is a protective stance adopted by the spouse that keeps the husband from experiencing the consequences of drinking⁸. R. Subby offers a more descriptive definition of co-dependency. He considers it to be "an emotional, psychological, and behavioral condition that develops as a result of an individual's prolonged exposure to, and practice of, a set of oppressive rules - rules which prevent the open expression of feelings as well as the direct discussion of personal and

² S.J. Katz, A.E. Liu, *The codependency conspiracy*, Warner Books, New York 1991, p. 14.

³ A. W. Schaefer, *Codependence: Misunderstood-Mistreated*, Harper & Row, New York 1986.

⁴ T.A. Loughhead, Addictions as a process: Commonalties or codependence. *Contemporary Family Therapy*, 1991 (13), pp.455-470.

⁵ S.Wegscheider-Cruse, J.R. Cruse, *Understanding co-dependency*, Health Communications, Deerfield Beach FL 1990, p.8.

⁶ M.Beattie, *Codependent no more*, Harper & Row, New York 1987, p. 31.

⁷ S.Wegscheider-Cruse, *Another chance: Hope and health for the alcoholic family*. Science and Behavior Books, Pompano Beach, FL 1984, p.1.

⁸ M.Schutt, *Wives of Alcoholics: From Codependency to Recovery*, Health Communications Pompano Beach, Florida 1985, p.2.

interpersonal problem”⁹. In the C.L. Whitfield's works the definition of co-alcoholism is given. He sees it as “ill health or maladaptive, problematic, or dysfunctional behavior that is associated with living, working, or otherwise being close to a person with alcoholism. It is manifested by a spectrum of symptoms, signs, and problems that range from lack of symptoms, to headaches, to suicide”¹⁰.

The absence of a clear definition suggests the need for research focusing on a clearer delimitation of the symptoms which describe codependency.

C. Hughes-Hammer and his colleagues developed and approbated the Codependency Assessment Tool (CODAT), and they discovered that the main symptom of codependency was self-neglect. They also found four interrelated symptoms of codependency such as low self-worth, hiding self, family of origin issues, and medical problems. Whereas low self-worth, hiding self, and family of origin issues are overlapped with the main symptom, medical problems are the result of both the main symptom and those three associated symptoms¹¹.

The scientists denominate different characteristics of codependency. But all of them say that the core of codependency includes external focusing, self-sacrificing, controlling others, and suppressing one's emotions. Some of them suggested an operational definition of codependency as an excessive focus outside oneself related to a stressful family environment. To summarize, based on key concepts in current literature, codependency mainly refers to excessively other-oriented caretaking traits and behaviors that are derived from a stressful or dysfunctional family environment.

Many scholars in psychology and psychotherapy have made an enormous contribution to understanding the causes of codependency. In addition to dependency theory which connects the codependency with alcohol and drug abuse, the authors also used the family systems theory, personality theory and the theory of development, and feminist perspectives to understand codependency. So, we consider it necessary to review these theoretical assumptions of codependency.

2. INFLUENCE OF FAMILY ON THE CODEPENDENCY

In early formulations of codependency, it was assumed that phenomena were found in children or family members from families experiencing alcoholism or chemical dependence. Many research studies have failed to support the hypothesis that the adult children of alcoholics have higher levels of codependency than adult children of non-alcoholics (R.L. Hewes, T.P. Janikowski¹², A.L. Jones¹³). This information allows to

⁹ R.Subby, *Lost in the Shuffle: The Co-dependent Reality*, Health Communications Pompano Beach, FL 1987, p.26.

¹⁰ C.Whitfield, *Co-dependence: Healing the human condition*. Health Communications, Pompano Beach, FL 1991, p.45.

¹¹ C. Hughes-Hammer, D.S. Martsof, R.A. Zeller. Development and testing of the codependency assessment tool. *Archives of Psychiatric Nursing*, 1998, 12, pp.264-272.

¹² R. L.Hewes, T. P. Janikowski, Parental alcoholism and codependency: A comparison of female children of alcoholics and nonalcoholics in two college-age groups. *College Student Journal*, 1928, 2, pp.140-147.

¹³ A.L. Jones, D.M. Perera-Diltz, K.M.Salyers, J.M.Laux, W. S. Cochrane, Testing hypothesized differences between adult children of alcoholics (ACOAs) and non-ACOAs in a college student sample. *Journal of College Counseling*, 2007, 10, pp.19-26.

assume that dysfunctional families experiencing challenges other than families with alcoholism may have similar issues and tend to develop codependent traits and behaviors.

The concept of codependency has been expanded as a primary phenomenon in dysfunctional family systems. A dysfunctional family is a family in which conflict, misbehavior, and often child neglect or abuse on the part of individual parents occur continually and regularly, leading other members to accommodate such actions. Children sometimes grow up in such families with the understanding that such arrangement is normal. Dysfunctional families are primarily a result of co-dependent adults, and may also be affected by addictions, such as substance abuse (alcohol, drugs, etc.), or sometimes an untreated mental illness. Dysfunctional parents may emulate or over-correct from their own dysfunctional parents. In some cases, a "child-like" parent will allow the dominant parent to abuse their children¹⁴. Security is not available in a dysfunctional family as a social system. Persons cannot meet their needs because they direct all the forces to adaptation¹⁵.

The codependency is connected not just to alcoholism or chemical dependence in families but to various types of chronic family stressors. They may be predictors of codependency. In addition to parental chemical dependency, other family stressors may include ineffective parenting styles, parental abuse, as well as parental mental and physical health. In their works M. Crothers and L.W. Warren studied parental chemical dependency and didn't find significantly related to college students' codependency. The results of their study indicate that parental chemical dependency, maternal and paternal codependency as well as maternal coercion are significant predictors of codependency¹⁶. The group of high codependency did not include more individuals whose parents were alcoholics or drug addicts, or had a higher level of childhood physical or sexual abuse. We can assume, that group had parental mental health problems and the family of origin dysfunction. Thus, the codependency occur not only in the families of drug addicts, alcoholics, abuse problems but in those who have been physically or sexually abused.

This phenomenon is also present in dysfunctional families. People from such families do not understand a role clarity, cannot express emotions, their parents often have mental health problems and that promoted the development of codependency.

In another study J.A. Fuller and R.M. Warner discovered that parental alcoholism was neither a necessary nor sufficient condition for the development of codependency. Scientists consider that college students from stressful family environments in which a parent experienced alcoholism, mental illness, or physical illness had significantly higher codependency scores on both of two codependency measures. These results support the theory that other types of family stress or dysfunction, not exclusively parental alcoholism, can lead to codependency¹⁷.

The research in Taiwan found out that teens from a stressful family had significantly higher levels of codependency. Especially it was expressed in such traits as identified

¹⁴ http://en.wikipedia.org/wiki/Dysfunctional_family#cite_note-StoopMasteller-1

¹⁵ Tkach T. The security of social system. Seminar Societal Development through International Academic Cooperation, University of Nordland (Bodø, Norway), 2014.

¹⁶ Crothers, M., & Warren, L. W. Parental antecedents of adult codependency. *Journal of Clinical Psychology*, 1996, (52), pp.231-239.

¹⁷ J. A.Fuller, R. M.Warner, Family stressors as predictors of codependency. *Genetic, Social, and General Psychology, Monographs*, 2000, pp.5-22.

caretaking behaviors and lack of expression of feelings. Results of this study found positive relationships between teens codependency and negative affection and lack of autonomy. Researchers explained their results by the influence of Taiwanese cultural values on codependency. These cultural values include an emphasis on filial piety and emotional restraint¹⁸.

Researchers also point to cross-cultural limitations of this concept. The authors believe that the phenomenon of codependency is based on the Anglo-Saxon culture. It is characterized by the personalization and the individualism. These preferences do not match the Latin culture in which traditional family roles are very much appreciated. Women are ready to sacrifice everything for their husbands and families. In the Asian environment the people also do not express his own "Self". Therefore, the criteria of codependency cannot be used neither in the Latin culture nor Asian culture¹⁹.

For providing a theoretical basis for codependency scientists use the theory of Bowen family systems. Some concepts of the theory of family systems can be fitly applied to codependency, including differentiation of self, emotional fusion triangulation and several generations of the transfer process.

The human family can be described as "emotional field". According to the M.Bowen's theory, the emotional system is regulated by two opposite forces - the desire to merge with others, and the desire for individuality in the limit to the total loneliness²⁰. The basic characteristic of the system is the emotional anxiety. A man who lives by the laws of the emotional system is characterized by impulsive and reactive behavior, predominance of the affective on the intellect. The ideal goal is to balance these two forces and achieve emotional maturity differentiate itself in the system. Differentiating itself includes both intrapersonal and interpersonal aspects, and individuals who are differentiated in a state to think logically and not automatically respond to emotional stress. Such people are able to communicate with other one, but at the same time save their independence even in the self anxiety. A personality who is not differentiated usually reacts emotionally and fused with others. They may have little sense of themselves and spend a lot of energy looking for the approval of others especially from authority figures or others. Characteristics associated with undifferentiated themselves correspond characteristics codependency, and is likely to increase the capacity of people standing in the way of development and situational stressors (E.C.Fagan-Pryor, L.C.Harber) . In order to deal with the anxiety, people can participate in the triangulation. Triangulation with another person, substances and activities is used to maintain stability in the relationship. The purpose of the involvement of a third person is reducing anxiety in the social system (family or institution). As a result, the triangle itself becomes abnormal, resulting in a decrease in differentiation and functionality of the system.

¹⁸ S.L. Tsai, L.Wu, The study of relationship between adolescents' parent-child relationship and codependency. *Bulletin of Educational Psychology*, 2003, (35), pp.59-78.

¹⁹ Margasiński, A. Współzależnienie po 30 latach. *Terapia Uzależnienia i Współzależnienia*, 2009, (1), pp.20-24.

²⁰ M.Bowen, *Family Therapy in Clinical Practice*, Jason Aronson, New York 1978.

Magdalena Sekowska says that the help for all members of a dysfunctional family is to find a way out of the vicious circle of responsibility, injustice and guilt. For parents this may be search of self-esteem, the importance of their own marriage²¹.

A wife of a person with addictive behavior should better know herself and her needs. For brothers and sisters, it is important to develop their individuality and value.

The stages of psychotherapy of codependency were described in the article of J.Mellibruda and Z.Sobolewska. In the first stage a codependent must understand his behavior patterns in relationships. It was important to realize traps and corresponding reactions to these ones. In the second stage it was recommended to know the beliefs about family, life goals and opportunities. It is also necessary to increase self-esteem and to change life script of the codependency. Finally, the last step was to psychotherapy personal problems. This integrated program of psychotherapy for codependent has been realizing in Poland's drug treatment centers²².

Thus, in the theory of family systems, etiology of codependency is formed from lack of differentiation in the family emotional system. It causes the external focusing, supervision, and compulsive behavior patterns. The codependence is transmitted to future generations and partners have similar levels of differentiation and synthesis.

Though the concept of Bowen of undifferentiated self equates to codependency, few published studies have examined the relationship between the level of co-dependence and differentiation.

Scientists found a significant moderate negative correlation between codependency and level of differentiation (V.L. Hillborg)²³. They also discovered group differences for the degree of codependency in family of origin, health and level of differentiation in the family of origin between co-dependent students and co-dependent adults (Tosca, 2002). The results of the study show that codependency is not strictly linked to alcoholism and that it is related to the functioning of the family of origin. Thus, there is some support for the etiology of codependency from the family systems perspective.

3. THE PHENOMENON OF CODEPENDENCY IN THE THEORY OF PERSONALITY DEVELOPMENT

The theory of personality development and conceptualization of codependency is used by such authors as T.Cermak²⁴ and C.Whitfield²⁵. C.Whitfield looked upon codependency as loss of true self with the development of other overly focused on social behavior as a result of fear of failure in an unhealthy family and society. While T. Cermak conceptualized codependency as a set of personality traits related to difficulties in the development of intimacy and identity.

²¹ M.Sękowska, Współzależnienie - diagnoza i terapia. Wyd. Przegląd Lekarski, 1997, Tom 54, No. 6, pp. 441-445.

²² J.Mellibruda, Z.Sobolewska, Koncepcja i terapia współzależnienia, Czasopismo: Alkoholizm i Narkomania, 1997, № 3 (28), p.430.

²³ V.L.B. Hillborg, The relationship between the level of codependent behavior and the level of differentiation of self among nursing students (Master's thesis), Grand Valley State University, 1995, pp.47-51.

²⁴ T.Cermak, Diagnostic criteria for codependency, Journal of Psychoactive Drugs, 1986, 18, pp.15-20.

²⁵ C.Whitfield, Co-dependence: Healing the human condition. Health Communications, Inc., Pompano Beach, FL, 1991.

Codependency is also the result of unresolved problems of development, as well as deficits in personality structure. R. Horney's works indicate that early childhood experiences, particularly difficulties or unsatisfied experience with parents affect interpersonal styles of individuals. K. Horney offered three broad categories of interpersonal coping strategies developed in order to avoid or protect against pain, frustration, or unmet development needs. Among them there were the following: moving towards, moving against and moving away from people. People with moving to the strategies usually modest and is compatible with the other. They also tend to like and care about others, to gain approval and love. People with moving against strategy usually control themselves and others. They tend to show anger or hostility towards others and keep people away from them. They may have large energy needs, public recognition and personal achievement. Those with strategies of moving away from people are usually closed, withdrawn, self-sufficient²⁶.

S.A. Farmer and T. Cermak believe that codependency arises symbiotic phase of development in early childhood and interrupts separation-individuation phase, which in turn has a profound influence on subsequent relationships.

A similar idea is traced in the works of Barry K. Weinhold and Janae B. Weinhold, their evolutionary approach. According to the evolutionary approach codependency is a psychological disorder coming as a result of incompleteness of one of the stages of development in early childhood (ages 2-3 years old) - the stage of establishment of psychological autonomy. It is necessary to develop a person's own "I" different from a parental one. Supporters of this approach have determined that having our own "I" can be in close relations with other people without losing ourselves as persons. The new approach suggests looking for methods of treatment inside the person (as if returning to himself)²⁷.

T. Cermak studied codependency and narcissism. While narcissism is associated with children's unmet need to identify themselves with an idealized image of parents, codependency is associated with children's unmet needs, which will be appreciated by their parents. T. Cermak suggested that codependent and narcissistic traits complement each other.

It is noted that people with narcissistic traits look for attention and mirror others while people with codependent traits tend to treat others, reflecting themselves. A co-dependent personality also shows a sense of entitlement so that others change some aspects of themselves that make them uncomfortable. Such people are interdependent and can use external focus behavior to protect themselves from the personality disorder. According to S.A. Farmer, effective treatment must include the understanding of the fundamentals of codependency and support for the functioning of mature adults²⁸.

There were research which confirmed the views of T. Cermak and S.A. Farmer and they seemed very inconsistent. So, there exists a significant positive correlation between codependency and narcissism tested by a narcissistic personality disorder scale in a sample of 190 Australian adults. At the same time a significantly negative relationship

²⁶ K.Horney, *Self-analysis*. Norton Press, New York, 1942.

²⁷ B.Weinhold, J.Hillferty, *The Self-Esteem Matrix: A Tool for Elementary Counselors*, Elementary School Guidance and Counselin, 1983, v17, pp. 243-251.

²⁸ S. A.Farmer, *Entitlement in codependency: Developmental and therapeutic considerations*. Journal of Addictive Diseases, 1999, 18(3), 55-68

between codependency and narcissism tendencies was found tested by other tools²⁹. Another study discovered a significantly negative relationship between codependency and open narcissism measured as narcissism personality inventory in the sample of 163 American college students. In their study they also found out a significant positive relationship between codependency and covert narcissism³⁰.

The phenomenon of codependency is often associated with women. There is research that differentiates codependency from feminist perspectives (S.C. Anderson; B.G. Collins, J.A. Hogg, M.L. Frank).

The works of J.A. Hogg and M.L. Frank proposed an interpersonal model and differentiated codependent behaviors from contradependent behaviors. Contradependency is defined as “a behavioral tendency to separate oneself from others to prevent being emotionally hurt”³¹. Authors argue that people use contradependency and codependency interpersonal strategies to meet their emotional needs of connection and autonomy and have the same psychological mechanism. They say that gender or cultural values may have a great impact on the particular interpersonal style people use to fulfill their emotional needs. Codependent behaviors are associated with stereotypically feminine gender roles, contradependent behaviors are associated with stereotypically masculine gender roles. As a result, researchers suppose that codependency and contradependency can be viewed as two extreme interpersonal styles on a continuum. The treatment for them should include the different emotional needs and a healthy balance between interpersonal connection and autonomy³².

B.G. Collins explained codependency as lack of mutual engagement, empathy, and empowerment. She has proved that the disease model of codependency overlooks social contexts and external factors and blamed women for traditional female gender roles³³.

The women may have different developmental ways from men. Instead of separation and individuation, women may develop and define the self through connection and interaction in relationships. They also may have greater difficulties in relational interaction because women have less power in a relationship. Finally, the author justifies the women's codependency and suggests that women should be empowered to care for and be responsible for themselves and others and that they must be enabled to pursue mutually empathic as well as affirming relationships. This idea is supported by other scholars.

S.C. Anderson associated the codependency with power inequality and gender role. She suggested an empowerment approach that includes both personal development and social action to help women resolve their difficulties. According to this approach women

²⁹ H. J. Irwin, Codependence, narcissism, and childhood trauma, *Journal of Clinical Psychology*, 1995, 51, pp.658-665.

³⁰ M.Wells, C.Glickauf-Hughes, K.Bruss, The relationship of co-dependency to enduring personality characteristics. *Journal of College Student Psychotherapy*, 1998, 12(3), pp.25-38.

³¹ J.A.Hogg, M.L. Frank, Toward an interpersonal model of codependence and contradependence. *Journal of Counseling & Development*, 1992, 70, pp.371-375.

³² B. G. Collins, Reconstructing codependency using self-in-relation theory: A feminist perspective. *Social Work*, 1993, 38, pp.470-476.

³³ B. G.Collins, Reconstructing codependency using self-in-relation theory: A feminist perspective. *Social Work*, 1993, 38, pp.470-476.

are encouraged to take action to change their environments. In this approach women must assume personal responsibility to change their current life situation³⁴.

The results of another study showed there were no significant gender differences in codependency. Further, individuals with high codependency scores reported significantly more family of origin difficulties and parental mental health problems, problematic intimate relationships, and personal psychological problems³⁵.

4. CONCLUSION

In this way, the research confirms that codependency is related to family of origin experiences and especially to a dysfunctional family. People from stressful or dysfunctional family environments, not solely families experiencing alcoholism or chemical dependence, tend to develop codependency characteristics. Researchers describe several symptoms or characteristics of codependency such as low self-esteem, compulsive patterns of behavior and intimate relationship difficulties. Because of internalized shame as well as unsolved family of origin issues, codependent persons seek for safety and identity through external relationships, which can result in boundary distortions and relationship difficulties.

Also the phenomenon of codependency arises as a symbiotic phase of development in early childhood and interrupts separation-individuation phase, which in turn has a profound influence on subsequent relationships.

Despite feminist critiques of the construct of codependency as being one that penalizes women for caretaking behaviors, research findings seem to indicate varied relationships between codependency and gender. Some studies have found out that males have significantly higher levels of codependency than females.

Overall, this research project has practical applications for future research in psychological work. This research provides a sound review of relevant literature on the historical development of codependency, predictive factors of codependent behavior, parenting styles, parenting stress, and the effects of codependency on children and adults.

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³⁴ S. C. Anderson, A critical analysis of the concept of codependency. *Social Work*, 1994, 39, pp.677-685.

³⁵ J.Cullen, A. Carr, Codependency: An empirical study from a systemic perspective. *Contemporary Family Therapy*, 1999, 21, pp.505-526.

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BADANIA MIĘDZYNARODOWE NAD ZJAWISKIEM WSPÓLUZALEŻNIENIA

Artykuł zwraca uwagę na doświadczenia międzynarodowe psychologicznej interpretacji zjawiska współzależnienia, jako najbardziej kontrowersyjnego i niestety niedostatecznie rozwiniętego na poziomie analizy naukowej. W artykule określono ramy koncepcyjne dla dalszej teoretycznej weryfikacji problemu na tle badań psychologicznych. Przedstawiono psychologiczną charakterystykę osobowości współzależnionej oraz podstawowe mechanizmy powstawania tego rodzaju relacji. Dokonano przeglądu klasycznych i współczesnych badań oraz przeprowadzono analizę podejścia do definicji tego zjawiska.

Współzależnienie jest postrzegane jako stan psychologiczny charakteryzujący się silnym niepokojem, jak również emocjonalnym, społecznym, a czasem i fizycznym uzależnieniem od osoby lub przedmiotu. W rezultacie to uzależnienie od drugiej osoby staje się stanem patologicznym, który wpływa na wszystkie relacje osoby zależnej.

Naukowcy udowodnili, że współzależność ta jest związana nie tylko z alkoholizmem lub uzależnieniem od środków chemicznych, ale także od różnego rodzaju przewlekłego stresu w rodzinie. Dodatkowo inne stresory rodzinne mogą obejmować nieskuteczne style wychowania, nadużycia, zdrowie fizyczne i psychiczne rodziców.

Zjawisko to również występuje w rodzinach dysfunkcyjnych. Ludzie z tych rodzin nie rozumieją swojej roli, nie potrafią wyrażać emocji, ich rodzice często mają problemy ze zdrowiem psychicznym, które przyczyniają się do rozwoju współzależności.

Naukowcy wskazują również na różnice międzykulturowe w odniesieniu do tej koncepcji. Istnieją kultury, które podkreślają indywidualizm osobowości, podczas gdy inni akceptują zachowania współzależnionych kobiet w rodzinie.

Analizowana praca potwierdza potrzebę dalszych badań tego zjawiska. Psychologowie powinni zbadać większą ilość osób współzależnionych, przedstawicieli różnych mniejszości oraz bardziej reprezentatywne populacje.

Słowa kluczowe: współzależnienie, uzależnieniem, nałogi, dysfunkcyjne rodziny, osobowości współzależnionych, system rodzinny.

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