

DEVELOPMENT OF A CODEPENDENCY SCALE: FACTOR STRUCTURE OF A REVISED FORM

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Abstract

Starting from the 16 item SpannFischer Codependency Scale (Fischer *et al.*, 1991), the present study expands the SpannFischer questionnaire to a 30 item one that comprises a larger and more recent view on the concept of codependency. Then, after checking its reliability and validity, and also after reading the inter-item correlation matrix, there were excluded items that correlated either too weakly or too strongly with each other. The new resulting scale is a 6 – point Likert one with 14 items, its alpha Cronbach is 0.859 and its corrected Spearman–Brown coefficient 0.824, showing that the instrument has sufficient internal consistency for both research and diagnosis. Following the exploratory and confirmatory factor analysis, it was found that the described variance ratio is 44.27% and that the scale is bidimensional. “Both the relating to others” factor and “the inner processes” one have 7 items each. For diagnosis purposes there have been determined a low, an average and a high level of codependency.

Cuvinte-cheie: codependență, fidelitate, validitate, analiză factorială.

Keywords: codependency, reliability, validity, factor analysis.

1. DEFINITIONS

Codependency has been more and more studied in the last decades as it is a reality that has been proven wider and wider due to the fact that its definition has been enlarged throughout the years. Thus, the term codependency was initially used to indicate the psychological and behavioural difficulties exhibited by the spouses, and subsequently the children of alcoholics who inadequately enabled maintenance of the drinking problem (Cermak, 1991; Hands & Dear, 1994; Harper & Capdevilla, 1990; Miller, 1994; Whitfield, 1987). The concept was then expanded to include individuals significantly affected by gambling, drug addiction,

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sexual addiction, and any other stressful family of origin experience which rendered them prone in later life to forming dysfunctional care-taking relationships with addictive, compulsive, or exploitative individuals (Potter-Efron & Potter-Efron, 1989; Prest & Protinsky, 1993; Wilson-Schaefer, 1986).

Later, codependency was defined by Spann and Fischer as “a psychosocial condition manifested through a dysfunctional pattern of relating to others (Spann & Fischer) or, more synthetically, as dysfunctional relationships (Lindley, Giordano and Hammer, 1999; Prest & Protinsky, 1993; Cullen & Carr, 1999; Fuller & Warner, 2000). Codependency was also considered a learned behavior and a relationship disorder (O’Gorman, 1990; O’Gorman, 1993) or a form of “learned helplessness” which “comprises a learned behavior system consisting of family traditions and rituals taught from one generation to the next concerning how the family has taught intimacy and bonding” (O’Gorman & Diaz, 2012). Another definition underlines the consequences codependency may have: an unhealthy devotion to a relationship at the cost of one’s personal and psychological needs (Springer, Britt & Schlenker, 1998). Or it may be a more philosophical definition: “a disease of lost selfhood” as Whitfield (2010) depicts it.

In conclusion, codependency is generally a problem arising from any dysfunctions in the family of origin such as poor communication, violent conflict resolution strategies, lack of support and acceptance, control issues, feeling unloved or misunderstood, unemployment and lacking a safe environment to express feelings or problems (Kottke *et al.*, 1993; Fischer and Crawford, 1992); which throughout the years has been termed differently by various specialists: habit, genetic predisposition, defensive behavior, personality disorder, learned behavior disorder, or relationship/object addiction (Cermak, 1991; Cruse & Wegscheider-Cruse, 2012; Hands & Dear, 1994; Stafford, 2001).

2. BUILDING THE CODEPENDENCY SCALE ITEMS ON A THEORETICAL AND EMPIRICAL BASIS

Codependency has benefited from various scales of measurement: Potter-Efron and Potter-Efron’s (1989), Spann and Fischer’s (1990) and Beck’s (1991); however, as Lindley *et al.* point out, “there is only a small literature devoted to developing reliable and valid measures of it” due to the present lack of empirical data on codependency. This practical reason may be why there have been developed some other less known scales by various therapists who have needed to diagnose their patients easier. The present study started from the SpannFischer Codependency Scale (Fischer *et al.*, 1991), which is a self-report, 16-item scale utilizing a Likert type (1 to 6) format. This scale assesses codependency defined as “an extreme focus outside of self (items 4, 5, 9, 11, 13) a lack of open expression of feelings (items 12), and attempts to derive a sense of purpose through relationships (items 10, 16)” (Spann & Fischer, 1990, p. 27). Only, as long as the

definition of codependency has acquired more nuances, it is obvious that there is need to develop more items that should cover these new definitions. The present study expands the SpannFischer questionnaire to a 30 item one that comprises a larger view on the concept of codependency.

Up to now, the specialists in the field have built the items of their scales using either the codependents' characteristics or their typical behaviour in certain situations. The same will be done here, too, starting from the studies on codependency.

Yates and McDaniel (1994) stated that symptoms such as suppressing their problems and feelings (items 28, 29, 30), perfectionism (item 1, 3, 20, 23), the need to control other people (items: 5, 8, 18, 20, 29), low self-esteem (item 26), fear (items 15, 17), anxiety (item 7, 15, 21) and depression (items 4, 6, 11) are seen in these individuals.

The codependent has the social role of an "enabler", this meaning that the codependents would misdirect their benevolence toward the person who is dependent and thus enable them to continue to engage in destructive behaviours (Rotunda & Doman, 2001; Thomas, Yoshioka, & Ager, 1996) (items: 10, 16, 22, 24), or to go to extremes to help them when they are in trouble, not only neglecting themselves but also impacting negatively their own health (item 7, 11, 13, 27) and social situation (Jackson & Mannix, 2003). So, instead of having a healthy interdependency (Seligman, 1975) with those they relate to, they feel the need of living through someone else (items 10, 16, 18), this giving them a sense of emotional fulfilment (Nordgren *et al.*, 2020). These interpersonal attitudes specific to codependency were defined as "diseased dependency" (items 2, 3, 5, 8–12, 16, 17, 22–25) by Karen Horney (Crothers and Warren, 1996). Thus, Horney (2019) defines the need for neurotic love and approval as the need to keep others pleasant and to be loved and approved by them. This need includes acting in accordance with the others' expectations (items 2, 16), and seeing others' wishes and thoughts as superior to their own (items 10, 16). It also includes fear of self-disclosure (item 12, 29) and fear of hostility of others (item 17, 21). This may be due to the fact that when individuals do not have their needs validated (Winnicott, 1965) or they receive negative feed-back (Happ *et. al.*, 2022) in childhood, they tend to accommodate to the needs of their parents and later to others', developing a defensive (item 19) or undifferentiated organisation of self (items 4, 5, 6), having the predisposition to accommodate and conform to the situations (chameleon-like) to a point that they lose their sense of individuality and authenticity (items 2, 12) (Bacon, McKay, Reynolds, McIntyre, 2020).

Furthermore, fearing that once they develop as separate individuals they will be abandoned (O'Gorman, 1993) or rejected, codependents usually adopt "a distancing and non-confrontational approach (item 14)" (Emerson, 2011). This generates anxiety and a profound fragility of self (items 26, 1, 2, 3, 6), emotional suppression (items 13, 28, 30) and external focusing (item 5, 10). Experiencing a

“sense of void” and distrust in their own abilities (item 26), they engage in a frantic pursuit of activities (item 4) in order to fill this, to obtain a sense of esteem and validation (Dear and Roberts 2005). As a result, the codependent has an increased risk of depression; anger (items 13, 17 /mirror neurons), 19, 27) and hostility (Jack, 1991); existential and relational difficulties (Winnicott, 1960, 1965; Bowen 1974, 1978) (items: 9, 10, 16).

In terms of social psychology (Hollabaugh 1995; Karaşar, 2014), codependency seems to be related to social approval (items: 2, 12, 20, 29, 30), and when combined with perfectionism, these people experience extreme anxiety about what other people may think of them (items 7, 21) (Antony and Swinson 2009; Altuntaş & Altınova, 2015; Happ *et al.*, 2022; Karaşar, 2021). Thus, codependents strive obsessively to control events (item 27) and avoid making mistakes (Antony and Swinson 2009) in order to be perfect and consequently, socially accepted. Society is also a factor in promoting perfectionism and self-sacrifice as it encourages people to do things as well as possible. Therefore, the codependent may feel overwhelmed when trying to obey both their social and familial role and, as they are not always able to cope with this situation, they explode (item 13) in order to release the tension inside and be able to move on.

At the same time, codependents are more likely to exhibit obsessive behaviours as they are also interested in others’ becoming perfect (item 8) and focused on other people’s shortcomings (item 20) (Karasar, 2020), thus being judgemental (item 23) and decreasing the others’ self-esteem, especially on the occasions they lose their temper (item 13, 27). Consequently, codependents will create the environment for others (especially their own children) to become codependent through their criticism and through their own model.

Some specialists in the field (Ançel, 2017; Chmielewska, 2012; Cruse & Wegscheider-Cruse, 2012; Kaplan, 2021; Reyome, Ward & Witkiewitz, 2010) see some of codependants’ characteristics such as low self-esteem, obsessive thinking about the same issues, perfectionism, denial, inability to say no (item 2), burnout, loneliness (item 9), sexual problems (item 29), and exaggerated sense of responsibility (items 4, 5) as being severe mental problems that, not being consciously admitted, may cause somatization at high levels (Durak and Durak, 2022; Garmsari & Safara, 2017; Khizer, Bukhari & Fahd, 2020; Khuntley & Sahu, 2021; Panwar & Srivastava, 2019) and consequently various serious health problems in time. Worrying too much (item 7) or avoiding conflict (item 14) and not expressing their feelings (items 28, 30) not even to themselves may also lead to somatization, as a sign of their deep inner suffering resulting from past traumatic experiences.

These people who tend to devote themselves to others have feelings of pity and guilt towards people with problems (Beattie, 2011) and also guilt when doing something for their own sake (item 6). They also tend to be self-sacrificing in the

hope they will receive love (Young, Klosko & Weishaar, 2003) and be disappointed when they fail to get it (items 9, 11).

The Karpman Drama Triangle (Shmelev, 2015) describes perfectly the triple role the codependent people may have in their relationships. First they are the Rescuers who do not help themselves (items 6, 10, 16) and who do not let others manage on their own (item 5, 8, 10, 18), then they turn into the Victim who projects the causes of their problems and sufferings onto other people, events and circumstances (item 9, 11) and then into the Persecutor who accuses others of all their misfortunes (item 9). So, the codependent is the one who plays all the three roles in the drama triangle, finds justifications and problems (item 4, 19), finds it difficult to come up with solutions (item 1), is “guided by judgments, opinions, feelings (items 15, 17), appraisals (like-don’t like) (item 23), hopes and wishes (item 8)” (Shmelev, 2015). A solution to all these would be the proactive coping, suggests Shmelev, (2015) as opposed to the codependents’ reactive coping (items 19, 13, 27) derived from their defensive instinct developed back in the days of their trauma.

From all of the above considerations it is obvious that the 16 Spann-Fischer Codependency Scale items are well supported by the theoretical and empirical studies that have been done on codependency. This is why the present study proposes 30 items preserving the Spann-Fischer items only changing two of them slightly. Thus, the eighth one “I tell myself that things will get better when the people in my life change what they are doing” is turned in the present questionnaire into “I often try to get people I love to change their attitudes and behaviour”, as the new one underlines more the codependent’s tendency to control the people around, thus ironically contributing to their inability to actually change. Also, “Sometimes I get focused on one person to the extent of neglecting other relationships and responsibilities” becomes “Sometimes I get focused on the problems and needs other people in my life have”, as it seems more accurate to the codependents’ propensity towards sacrificing for and serving anyone close to them.

As Happ *et al.* (2022) stated, according to the modern approach, “codependency is not limited to relationships affected by addictions”. This is why we didn’t use expressions related to the codependent being in relation with an addicted person in any of the scale items.

Additionally, this current study aims at checking the psychometry of these two new items and of those new 14 ones that are meant to approach codependency from some other angles than the Spann-Fischer questionnaire considered, based on the more recent theoretical and empirical researches presented above. For instance, item 17: “I feel overly frightened of angry people” reveals the fear of others’ hostility or even the inner anger accumulated in a traumatic situation throughout their lives. Item 20: “I often relive situations and conversations to see if I can think of some way I could have done or spoken better” shows that anxiety is not blended with the healthy desire of behaving proactively, but with the unhealthy one of

making a perfect impression on others. Item 22: “I tend to believe a dear person’s promises even if he or she has broken countless promises before” emphasises the codependent’s inability to establish firm boundaries in their relationships and also the tendency of becoming “the enabler” – a trap the codependent usually falls into. Item 23: “I tend to see people and situations as “all good” or “all bad” refers to these people’ temptation of seeing things either black of white due to their somehow rigidity in approaching life. Item 24: “I tend to confuse love with pity and I tend to love those who need me to rescue them from their problems” shows both the codependents’ desire to save others and unconsciously themselves and their inability to love themselves and others maturely. Item 27: “When I’m short of time I panic and become irritable” may indicate an attitude of perfectionism combined with the incapacity of managing emotions in times of crisis.

3. METHODOLOGY

In its final form, the questionnaire contains 30 items and uses a 6-point Likert scale. Items relate to the person’s attitude towards self and others, sometimes situational. The higher the score on the scale, the higher the degree of codependency. The reverse items are 5, 7, 12, 25, 26.

The first 16 items belonging to the Spann-Fischer Scale were translated and, together with the other 14 created according to the theoretical and empirical studies, were submitted to experts’ analysis. To measure the content validity of the codependency scale the judging panel of subject matter experts assessed whether the component measured by each item is “essential,” “useful, but not essential,” or “not necessary” for measuring the construct. As the number of psychological experts was 5 and the number of SME panelists indicating “essential” was mostly more than 4, the Content Validity Ratio was 0.7 for almost each item and the content validity of the entire test was $CVI = 0.72$, which is close enough to the maximum critical value for a panel of 5 experts (0.99). After this positive feedback the questionnaire was applied to a sample of 30 respondents.

The Cronbach’s alpha level = 0.768 > 0.70 shows the reliability of the 30 item pre-test and that the collection of the items consistently measures the same characteristic.

The Codependency Scale was administered to 831 students from Jassy university, Romania, out of which 504 female and 327 male ones, 739 between 19-23 years old. The sample consisted of students from a variety of faculties: Informatics, Arts, Letters, Theology, Economics, Psychology and Education Sciences, Medicine, Physical Education and Sport, Philosophy and Political Social Sciences. The Cronbach’s alpha coefficient equals 0.851 > 0.70, meaning that the scale is reliable.

Then the present study checked the validity of the scale by first measuring the inter-item correlations which are an essential element in conducting an item

analysis of a set of test questions as it shows that the items are reasonably homogenous and they do contain sufficiently unique variance so as not to be isomorphic with each other (Cohen & Swerdlik, 2005).

After reading the inter-item correlation matrix, there were found items that correlated either too weakly or too strongly with each other. Out of each pair of such items there was excluded the item that once eliminated increased the value of the alpha Cronbach of the whole scale more than the elimination of the other one. After repeating the same process for the items with weak or strong correlations between them there were preserved the following items: 2, 3, 8, 9, 10, 11, 13, 15, 17, 20, 22, 23, 24, 27. The Cronbach's alpha coefficient of this final scale is $0.859 > 0.70$.

If the mean depicted by the Summary Item Statistics was $0.157 < 0.2$ for the initial test of 30 items, after excluding the weakly or strongly correlated items, the new mean of the inter-item correlation is $0.2 < \mathbf{0.302} < 0.5$ which shows that the items assess the same content, the scores on one item are related to the scores on all the other items in the scale and subsequently, that the scale has satisfactory internal consistency.

Table no. 1
Summary Item Statistics

	<i>Mean</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Range</i>	<i>Maximum /Minimum</i>	<i>Variance</i>	<i>No. of items</i>
<i>Inter-Item Correlations</i>	<i>0.302</i>	<i>0.166</i>	<i>0.551</i>	<i>0.384</i>	<i>3.309</i>	<i>0.005</i>	<i>14</i>

The next step was using the Split-half method that verifies the internal consistency reliability of the construct to ensure that each item on the test is related to the researched topic.

Table no. 2
Reliability Statistics

Cronbach's Alpha	<i>Part 1</i>	<i>Value</i>	<i>0.775</i>
		<i>No. of items</i>	<i>7</i>
	<i>Part 2</i>	<i>Value</i>	<i>0.754</i>
		<i>No. of items</i>	<i>7</i>

	<i>Total no. of items</i>	<i>14</i>
Correlation Between Forms		<i>0.700</i>
Spearman-Brown Coefficient	Equal Length	<i>0.824</i>
	Unequal Length	<i>0.824</i>
Guttman Split-Half Coefficient		<i>0.823</i>

The items are: COD2, COD3, COD8, COD9, COD10, COD11, COD13

The items are: COD15, COD17, COD20, COD22, COD23, COD24, COD27.

The corrected Spearman–Brown coefficient (equal length) is 0.824 and belongs to a range greater than 0.8, which means that the instrument has sufficient internal consistency for both research and diagnosis.

Table no. 3
Codependency score means gender differentiated

	Gender	No.	Mean
Total_COD_Final	M	327	448.838
	F	504	491.964

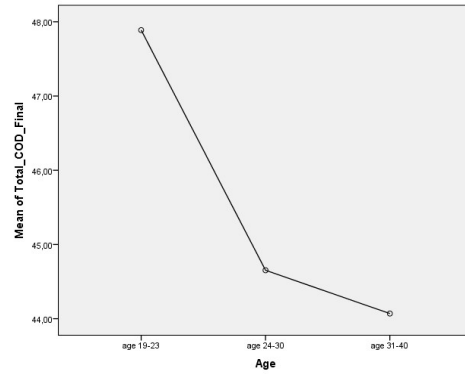
Further on, to see the relationship between codependency and age there was used the One-Way Anova Test. The means for the 3 age categories can be seen in the table below.

Table no. 4
Codependency score means age differentiated

Age	No.	Mean	Std. Deviation
19-23	739	478.877	13,01426
24-30	49	446.531	11,90685
31-40	43	440.698	15,10817
Total	831	474.994	13,09841

Chart no. 1

Means Plots-Age and Codependency



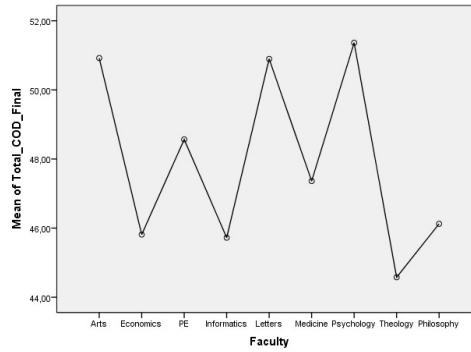
As $F(4,830)=2,970$, $p=0.052>0.05$, there is no effect of age on the codependency score.

To see the relationship between codependency and faculty there was used the One-Way Anova Test. The means for the 9 Faculty categories can be seen in the table below.

Table no. 5
Codependency score means Faculty differentiated

Faculty	N	Mean	Std. Deviation
Arts	38	509.211	15.87175
Economics	43	458.140	13.95444
PE	30	485.667	13.93256
Informatics	242	457.231	10.75422
Letters	96	508.958	15.19798
Medicine	47	473.617	13.17512
Psychology	140	513.643	12.06172
Theology	163	445.767	13.67881
Philosophy	32	461.250	12.59992
Total	831	474.994	13.09841

Chart no. 2
Means Plots= Faculty and Codependency



As $F(8,830) = 4.533$, $p < 0.001$, there is an effect of the Faculty variable on the codependency score. It is found that there are significant differences only between the scores obtained for the codependency variable for the students of different faculties, in the sense that those from Informatics have significantly lower scores than those from Letters ($p=0.03$) and Psychology ($p=0.01$); the students from Theology have significantly lower scores than those from Letters ($p=0.005$) and Psychology ($p=0.0001$).

The **Kaiser-Meyer-Olkin (KMO)** Test was applied in order to see how suited the data of the Codependency Scale is for **Factor Analysis**.

Table no. 6
KMO and Bartlett's Test for the Codependency Scale

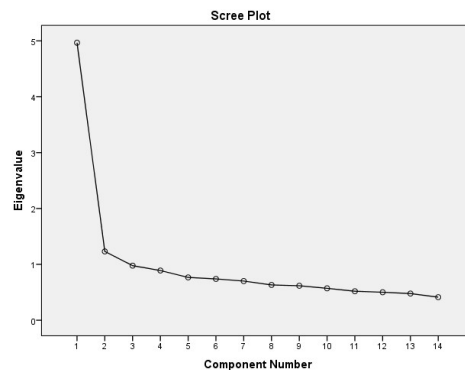
Kaiser-Meyer-Olkin Measure of Sampling Adequacy		0.909
Bartlett's Test of Sphericity	Approx. Chi-Square	3074,014
	df	91
	Sig.	0.000

The KMO that measures the sampling adequacy is $0.909 > 0.7$, which means that people respond the same to all the items. Also, KMO shows that the data are

scalable and there is enough variance in the data that can be partitioned using Factor Analysis. The determinant is $0.024 > 0.001$ and $p < 0.001$ which means that the variables are correlated and they share common factor(s). In the initial column of communalities all the values are 1 and in the extraction column they are above 0.3, implying that the proportion of each variable variance is explained by the factors. All these elements show that the variables can be clustered into separate factors and the data can be submitted to Factor Analysis. The cumulative percentage of the initial Eigenvalues shows that there are 2 factors that explain 44.27% of the variance, which can also be seen in the Scree Plot below.

Chart no. 3

The Scree Plot for the 14 items of the Codependency Scale



The Pattern Matrix shows that the items which cluster together to form the first factor are: 8, 9, 10, 11, 22, 23, 24 and the second one: 2, 3, 13, 15, 17, 20 and 27. The component correlation matrix is 0.539 which is a very good one. There are 7 items for each factor and analysing them there can be given a name for each of them: the **relating to others** factor and the **inner processes** one, which are actually the two main codependent attitudes that the items were initially built on.

The next step was to divide the variable codependency into 3 categories: low, average and high, especially for diagnostic purposes. The median was 48 and the cutting points were 41, 53 and 83. Out of the 831 respondents, 276 have low codependency scores, 286 average and 269 high ones.

4. DISCUSSIONS AND SUGGESTIONS

The aim of this study is to develop a “Codependency Scale” starting from the Spann-Fischer scale, changing two of its items and proposing 14 more ones, based

on the theoretical and empirical studies in the field. The newly built scale proved itself a valid and reliable one, only, in order for it to have reasonably homogeneous items, there was need to preserve only 14 out of the 30 ones. On this occasion, 8 items from the Spann-Fischer Scale were preserved, including the 2 items that were changed from the original ones and also 6 from those created out of theoretical or empirical experience. The alpha Cronbach of the obtained scale is 0.859 and the corrected Spearman–Brown coefficient is 0.824 showing that the instrument has sufficient internal consistency for both research and diagnosis. The present study also showed that there is no effect of age on the codependency score, but there is an effect of both faculty and gender on the codependency score. Following the exploratory and confirmatory factor analysis, it was found that the described variance ratio is 44.27% and that the scale is bidimensional. Both “the relating to others” factor and “the inner processes” one have each 7 items. The 14 item final scale is a 6 – point Likert one, with no reverse scored items. For diagnosis purposes there have been determined a low, an average and a high level of codependency.

New studies can be conducted in order to establish different correlations between codependency and other psychological realities. Also, this scale can be a great tool for diagnosis and treatment directions according to the unsolved problems the patient’s answers to the questionnaire items may signal. In time, the patients may retake the questionnaire in order to see what are the problems still to be solved and to celebrate for those they managed to put aside.

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REZUMAT

Pornind de la Scala de codependență SpannFischer cu 16 itemi (Fischer și colab., 1991), studiul de față extinde chestionarul SpannFischer la unul de 30 de itemi, care cuprinde o viziune mai largă și mai recentă asupra conceptului de codependență. După

verificarea fidelității și validității acestuia, precum și după citirea matricei de corelație inter-item, au fost excluși itemii care au corelat fie prea slab, fie prea puternic între ei. Noua scală rezultată este una Likert în 6 trepte cu 14 itemi, cu un alfa Cronbach de 0,859 și un coeficient Spearman–Brown corectat de 0,824, arătând că instrumentul are suficientă consistență internă atât pentru cercetare, cât și pentru diagnostic. În urma analizei factoriale exploratorii și confirmatorii, s-a constatat că raportul de varianță descris este de 44,27% și că scara este bidimensională. Atât factorul „relația cu ceilalți”, cât și cel al „proceselor interioare” au fiecare câte 7 itemi. În scop de diagnostic, s-a determinat un nivel scăzut, mediu și ridicat de codependență.