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Rachel Ellen Carfora
Codependency Among Only
Children as Predicted by
Parenting Style Practiced in
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ABSTRACT

This study sought to explore whether there is a relationship between only children and codependence as predicted by parenting style in family-of-origin. While past literature looks at codependency and perceived parenting styles, none focus specifically upon the experience of only-children who are thought to be more influenced by family-of-origin dynamics. Therefore, this study also intended to explore whether this relationship was significant enough to invite future research and investigation.

Two fixed online questionnaires were completed by 51 participants who met inclusion criteria for being older than 21-years-of-age and an only child as defined by not having grown up with any biological, adopted, or step-siblings and were included in the study.

CODEPENDENCY AMONG ONLY CHILDREN AS PREDICTED BY PARENTING
STYLE PRACTICED IN FAMILY-OF-ORIGIN

A Project Presented to the Faculty of
Smith College School for Social Work

In Partial Fulfillment of the Requirements for the Degree
Master of Social Work

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2009

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My friends, for acceptance and forgiveness while my personal life took a back seat.

All the lonely and not so lonely onlies who participated in this project and whose voices were no longer just one, but part of a larger story I hope to shed some light upon.

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CHAPER I

INTRODUCTION

This study explores the relationship between only children, codependence and parenting style. Specifically, the purpose of this research is to examine whether codependence in only children can be predicted by parenting styles practiced in family-of-origin.

Problem Statement

Only children – also referred to as “onlies” (Falbo & Polit, 1986) – have often been stigmatized as being maladjusted, lonely, and overly dependent upon their parents (Veenhoven & Verkuyten, 1989). For the better part of the past century, psychologists like G. Stanley Hall – considered a founder of child psychology – pathologized onlies, stating that “being an only child is a disease in itself” (cited in Fenton, 1928, page 547). Despite such stereotypes, the number of single child households has risen dramatically within the past two decades (National Center for Health Statistics [NCHS], 2001) inviting us, as clinicians, to learn more about their experience.

The concept of codependence was first introduced by German psychoanalyst and psychiatrist, Karen Horney (1950), as *morbid dependency* which described “a child blindly adopting the likes and dislikes of an adverse parent so the child could further endure loneliness, insecurity, and fear of the parent’s behavior” (p. 17). Thus the child’s response, or *defense* to such family dynamics, often resulted in the child’s overall “loss of being an active determining force in his/her own life” (Horney, 1950, p. 19). While the

term *morbid dependency* is no longer used, it helps provide a conceptual framework through which we now diagnose codependent.

Studies began exploring various causes such as age, gender, self-confidence, autonomy, succorance (the quality of soliciting emotional support from others) and parenting styles thought to influence codependency. The body of research shows that codependents grow up in a generally stressful family environment *not limited* to an alcoholic environment (Fischer et al., 1991; O’Gorman, 1993; Whitfield, 1991; Lindley, Giordano, Hammer, 1999). As a result, Codependents Anonymous (CoDA) a division of Alcoholics Anonymous (AA) broadened their membership from those struggling from codependence within an alcoholic family unit to include individuals from substance-free family systems who also suffered from a list of codependent characteristics including ‘patterns of denial, low self-esteem, compliance, and control’ (“Codependents,” n.d.).

Despite such movements, there remains no formal definition for codependency. David Treadway a pioneer in the fields of addiction and family therapy devised a working term for codependence which embodies much of what is described in the literature as “a pattern of compulsive behaviors and need for approval from others in an attempt to establish safety, self-worth, and self-identity” (Treadway, 1990, p.40). The official definition of codependence, developed in 1990 by the National Council on Codependence, is “learned behavior, expressed by dependencies on people and things outside the self; these dependencies include neglecting and diminishing of one’s own identity, fostering a sense of shame,” (Whitfield, 1991, p.49). This definition includes not

only those suffering from a chemically dependent family system, but any dysfunctional family unit.

Cermak (1986) tried incorporating codependency into the Diagnostic Statistical Manual III (DSM) by classifying it as a personality trait/disorder characterized by a:

Continued investment of self-esteem in the ability to control both oneself and other in the face of serious adverse consequences, assumptions of responsibility for meeting others' needs to the exclusion of acknowledging one's own, anxiety and boundary distortions around intimacy and separation, enmeshment in relationships with personality disordered, chemically dependent, other co-dependent, and/or impulse disordered denial, constriction of emotions (with or without dramatic outbursts), depression, hypervigilance, compulsions, anxiety, substance abuse, has been (or is) the victim of recurrent physical or sexual abuse, stress-related medical illnesses, has remained in a primary relationship with an active substance abuser for at least two years without seeking outside help, (Cermak, 1986, p.25).

While codependency was not added as a personality disorder, the DSM has since recognized codependency, independent of substances, as “an individual's prolonged exposure to and practice of, a set of oppressive (family-of-origin) rules” (Cermak, 1986, p. 13).

In an attempt to design a working definition *and measure* of codependency, Spann (1989) identified 18 overlapping characteristics. These traits are broken down into three areas and provide the current definition used in the *Spann-Fischer Codependency Scale* (SF CDS) which has been used to measure codependency in numerous studies including this thesis. The areas include a:

psychosocial condition that is manifested through a dysfunctional pattern of relating to others. This dysfunctional pattern of relating is characterized by: extreme focus outside of self (dependency, obsession, and caretaking); lack of open expression of feelings (repressed feelings, lack of trust, and poor communication); and because of low self-worth, attempts to derive a sense of purpose through relationships with others (control, denial, and rigidity)” (Spann, 1989, p.11).

As the awareness of codependency has increased so has research measuring its long-term effects. Recent studies, including one by St. Johns Medical Center (2001), found that beyond the emotional manifestations of codependence including depression, anxiety, relationship dysfunction, and pervading feelings of hopelessness, there exists compounding physical implications as well. When untreated, codependency has been found to lead to gastro-intestinal disturbances, colitis, ulcers, migraine headaches, non-specific rashes and skin problems, high blood pressure, insomnia, sleep disorders, and other stress-related physical illnesses (“Recovery Man,” 2002). Such findings invite us as clinicians to further understand the causes, symptoms, and implications of codependency, and its effects on vulnerable populations such as only children who do not have the additional protective factors of siblings or experienced parents.

Given the rise in single child households, and the assumption that onlies are more receptive to family-of-origin patterns and parenting styles, this research could help clinicians better conceptualize and understand the systemic causes and implications of codependency as well as provide better awareness of how clinicians and patients can work together to improve treatment plans.

CHAPTER II

REVIEW OF LITERATURE

Introduction

When determining whether codependency was a significant or even useful phenomenon, prior research focused inquiry around codependency as a primary or secondary characteristic. A growing body of literature since suggests that codependency more often than not comes about as a reaction, or a *defense*, to dysfunctional family dynamics in which codependents live and learn to relate with others (Prest & Protinsky, 1993). Out of this research, several factors contributing to the development of codependence were identified; the most significant being gender, parenting styles, and family-of-origin patterns with a strong emphasis upon dysfunctional family dynamics such as: alcoholism; substance abuse; physical, emotional or sexual abuse; neglect; and parental unemployment (Prest & Protinsky, 1993). Based upon existing literature which finds parenting styles practiced in family-of-origin as one of the most significant predictors of codependency, this study uniquely looks at the interplay between only children – thought to be most receptive to family-of-origin patterns – and parenting styles (Friel & Friel, 1986; Prest & Storm, 1988; Woodside, 1982).

Review Subsection One: Birth Order

According to research by Mancillas (2006), a child's ordinal place in the family has enduring implications for personality, development, and psychological well-being. The concept of birth order as a framework for understanding behavior, development, and attitude towards life was formally established by Alfred Adler, the Austrian Psychologist

and founder of the school of Individual Psychology (Carlson, Watts & Maniacci, 2005). Themes emerged out of Adler's early research which found parents frequently treating their only children in an exaggeratedly concerned and caring manner which was often found to result in child-centric dependency, over-protection, feeling special, parental pressure and anxiety (Adler, 1927). Later research found several parental factors uniquely influencing an only child's development. These factors include: (1) parental inexperience; (2) parental inconsistency and restrictiveness; (3) parental ambivalence towards parenthood; (4) heightened narcissistic investment; (5) more intense parent-child interaction, and (6) the magnified effects of parental pathology on the only child (Gullotta & Blau, 2008).

In Sulloway's (1996) historic investigation of birth order, people were consistently found to be more similar to others in their *birth rank* than to individuals within their very own family. This research not only speaks to the relevance of birth order but to the sustaining impact of family-of-origin dynamics. While the literature on codependency shows possible links to birth order (Whitfield, 1991), most studies focus upon the "eldest child" and not the "only child." Previous studies do, however, indicate a strong similarity between the experience of firstborns and only children. For example, Mellor (1990) found that developmental outcomes of onlies were similar to those of firstborns especially with regard to intelligence, responsibility, achievement, and conformity to family-of-origin pressures. Mancilla (2006) found that a firstborn's confidence, family dedication and high family expectations to succeed, as well as a deep sense of familial obligation, to be similar among only children. While the experience of

the eldest and only child suggests likeness, the only child is still a unique population requiring additional investigation.

The body of literature on only children account for themes in which onlies tend to assume higher degrees of personal responsibility, have difficulty asking for help, and often have limited access to peer confidants (Nyman, 1995). Mancilla's (2006) research found that onlies often interpret parental concern and warnings as a source of additional pressure in which constant attention to an only child's health and security could cause him/her to see the world as a hostile place. Such anxiety can be found to impact the child's habitual fears-of-difficulties, which he "approaches awkwardly, having only experienced the pleasant things in life" (Mancilla, 2006, p.273). Such findings further speak to an only child's tendency to take on greater responsibility, vulnerability to family-of-origin stressors (Phillips & Phillips, 2000), and their unique role within the family system.

In addition, onlies tend to spend greater amounts of time with their parents, often creating a more intense parent-child dynamic than children from larger families (Falbo & Polit, 1986, p.182). While time spent with parents is often reported as a positive and unique aspect of being an only child, research also indicates that the intensity of the parent-child relationship can create difficulties for onlies (Robers & Blanton, 2001; Veenhoven & Verkuyten, 1989) who have a propensity for extreme stress, trouble coping, feeling overburdened if parents transmit unhealthy levels of stress or expectations, and limited peer/social outlets to mitigate the severity of family life (Phillips & Phillips, 2000, p.476). In a classic study by Veenhoven and Verkuyten

(1989), female adolescent onlies reported less life-satisfaction and lower self-esteem when fathers were unemployed than children with siblings who also had unemployed fathers.

Several studies correlate codependency with a “loss-of-self,” externalized self-perception, inhibition of self-expression and divided self (true-self vs. false-self) (Woodside, 1982; Fischer and Crawford, 1992; Crothers & Warren, 1996). Research further indicates that codependent attitudes are more likely to occur among individuals lacking a strong internalized sense of “self,” and those who are more inclined to conform to the wishes and needs of others in an effort to “gain approval, avoid conflict, and enhance self-worth” (Crothers & Warren, 1996, p.234). While only children may very well have a strong sense of self even in spite of an intense, overly attuned relationship with their caretakers, they may not feel as comfortable understanding their identity within peer relationship. Assuming onlies are less familiar and/or less comfortable relating to peers, only children seem likely to avoid conflict, accept the norms assigned, seek approval from their peer group, and less likely to turn to outside relationships when conflicts arise within the family system.

Review Subsection Two: Parenting Style

While codependency has most notably been linked with family-of-origin dysfunction as marked by parental unemployment, poor communication, violence, lack of support, acceptance, control issues, feeling unloved or misunderstood, and an “unsafe” environment for expressing feelings or problems (Fischer and Crawford, 1992; Crothers & Warren, 1996), clinical and empirical research suggest that the foundation by which

we learn codependence actually starts at birth (Friel & Friel, 1986; Prest & Storm, 1988; Woodside, 1982). Research indicates that an early subjection to certain parenting styles practiced in family-of-origin are found to be reliable predictors of codependency.

Using the *Spann-Fischer Codependency Scale* (SF CDS), the *Silencing the Self Scale* (STSS), the *Michigan Alcoholism Screening Test* (MAST), *Perceived Parenting Questionnaire* (PPQ), and the *Parenting Compulsivity Questionnaire* (PCQ) – all of which look at the prevalence of over-eating, spending, cleaning, the use of pornography, and gambling among parents – Crothers & Warren (1996) designed and administered a qualitative test to 442 undergraduates (126 males and 316 females). Their research showed that *coercive parenting styles* in which parent(s) modeled inappropriate ways of relating to others or *controlling parenting styles* in which parent(s) were excessively preoccupied with their child to be the strongest predictors. Specifically, their study found codependency to be positively correlated with *maternal* compulsive behaviors, coercion, control and non-nurturing parenting styles, as well as *paternal* coercion, control and non-nurturing parenting styles. Codependency was found to be *most prevalent* among sons and daughters of authoritarian (high control, low support) fathers. These findings echo an earlier study by Kottke, Warren, William, & Moffett (1993) which found perceived parental dysfunction as defined by chemical dependence, physical aggression, lack of support, and communication dissatisfaction to be contributing factors in the development of codependency.

Review Subsection Three: Family-of-Origin

Empirical research shows that family-of-origin is the most significant predictor of codependence. In trying to better determine the parameters and feasibility of the codependency construct, a study by Carson & Bakera (1996) demonstrated that the factors influencing 171 self-identified codependent women were object relations, reality testing, intensity of depression, introjective depression and a history of abuse. In a later study by Reyome & Ward (2000), a history of emotional neglect, emotional abuse, and physical abuse practiced in family-of-origin were the strongest predictors of codependence in 102 nursing students. The above studies are supportive of codependency as a useful construct, and ones that account for themes in which such individuals often experience greater difficulty with interpersonal relationships, reality testing, and depression as a result.

Lindley, Giordano, & Hammer (1999), looked at the extent to which codependence in adults can be linked to certain family-of-origin experiences such as dysfunctional behaviors in parents (codependency, chemical dependency and compulsivity) and specific parenting styles that include non-nurturing, coercive and controlling parents. The study found a lack of self-confidence to be the strongest predictor of codependence while succorance – the act of seeking affection, care and social support from others – was a significant predictor of codependency that had not previously been studied or discussed in the literature. These findings support an earlier study by Crothers and Warren (1996), who found codependent individuals to lack a strong sense of personal identity.

Based upon studies which looked specifically at alcoholic and addicted families, three unspoken rules of denial, repression, distortion and emotional constriction were found to be the hallmark of “dysfunctional” family systems which employ the mantra “don’t talk, don’t trust, and don’t feel” (Black, 2002, p. 27). Subby (1987), a family therapist specializing in codependence, defines the phenomenon as “an emotional, psychological, and behavioral pattern of coping that is born of any family system where certain unwritten, even unspoken rules, exist” (p.26).

Review Subsection Four: Family Systems

The roles we learn in family-of-origin shape our ways of interacting throughout the life cycle more than any other system including church, school or work (Becvar and Becvar, 1982). Using Bowen’s *Family Systems Theory* – which believes that families are emotional systems consisting of interdependent members (Kerr, 1988; Cermak, 1984) posits that children who grew up in codependent families have limited roles available to them. While more balanced and fixed family systems might enhance a child’s individual talents or interests, “chaos” as a characteristic of codependent families often entrench members so that codependency is a welcomed distraction that is both all the system has modeled and all that it is able to tolerate (Krisberg, 1985).

In a review of the literature on family systems and codependency, Whitfield (1989) suggests that within the family-of-origin, codependence is “the base out of which *all* our addictions and compulsions emerge” (p. 20). Using Bowen’s *Intergenerational Family System’s Theory* (1978) as a lens through which to understand dysfunctional family dynamics, Prest & Protinsky (1993) outline a theoretical framework to further

understand the nature and etiology of codependence. According to Prest & Protinsky (1993), a family's emotional system depends upon the level of internal and external anxiety affecting the family as well as the intergenerational coping mechanisms adopted from prior generations (Kerr & Bowen, 1987). Using the *Intergenerational Family Systems Model of Codependence*, Bray & Williamson, (1987) remind us that: "1) relational patterns are learned and passed down through generations; 2) current individual and family behavior is a result of these patterns; and 3) the family system is homeostatic" (p. 35). While the goal of any family unit is ultimate stability, each person is still a part of the larger, interrelated system where a change in one element affects the entire unit. With this in mind, codependence, while often pathologized, thus becomes a *necessary, learned and adaptive* response to a "sick family system," (Wegscheider-Cruse, 1985, p.2).

In addition to viewing codependence as developing from family-of-origin dysfunction along with being re-created in adult relationships, Friel & Friel's *Iceberg Model* (1988) conceptualizes codependence as a condition that mediates between surface symptoms such as chemical dependency, eating disorders, depression, and relationship addiction in addition to the underlying guilt, shame, and fear of abandonment that develop in people who live within a dysfunctional family unit. Similar to Friel and Friel, Cermak (1986) views surface responses to emotional pain, as "attempts to medicate negative feelings beginning within a flawed family structure" (p.17)

Bowen introduced the concept of undifferentiated family ego mass, derived from psychoanalysis, to convey the idea of a family emotionally "stuck together." He warned that such emotional closeness can become so intense that family members know each

other's feelings, thoughts, fantasies and dreams (Goldberg & Goldberg, 1990). Bowen's notion of *fusion-differentiation* essentially describes codependence versus healthy separateness which is determined by the child's ability to differentiate from the family ego mass in an effort to develop a *solid self*. Those who are unable to differentiate and thus remain fused within the family system, develop codependent features as characterized by feeling dominated by the opinions, values, feelings and needs of others (Goldberg & Goldberg, 1990), thus creating a *false self*.

In addition to his theory on family ego mass, Bowen introduced the concept of triangulation in which a third element – be it an actual family member, substance, or addiction – is used to stabilize and reduce anxiety within the original dyadic relationship. Relationship Triangles usually occurring between mother-father-child and thus structurally inherent within many single child families are not automatically dysfunctional, but seen as a necessary neutralizer when anxiety within the emotional system becomes too high (Prest & Protinsky 1993). Bowen suggested that the triangulated child who was drawn into the marital dyad often becomes the receptacle for family anxiety and thus symptomatic. According to the Eight Basic Concepts of Bowen *Family Systems Theory*, such highly fused or codependent individuals have “few firmly held convictions and beliefs, are either dogmatic or compliant, and seek acceptance and approval above all other goals (Skowron & Friedlander, 1998, p.235).

In his book Narrative Means to Sober Ends, Dr. Jonathan Diamond (2002) explains that both the form and function of such “triangles” are not only the cornerstone of Bowen family therapy, but most commonly seen with a child whose “symptoms or

problems cover up some unresolved conflict between his or her parents” and that “over time, such problems can be mapped as a series of interlocking triangles in a kind of chain reaction across generations” (p. 209). While these triangles allow for anxiety to be shifted around the system, family projection, Bowen’s fourth concept, describes parental over involvement in which anxiety is managed by concentrating a great deal of emotional energy onto one child. While the literature shows many benefits to receiving all a parent’s resources and attention, children from larger families who are the object of parental focus tend to develop greater fusion with their family-of-origin than their siblings and consequently remain more vulnerable to emotional stress (Mancillas, 2006).

In using Bowen’s *Family System’s Theory* to understand the unique experience of only children within a smaller, commonly triadic family structure, boundary confusion and decision-making ability which are commonly seen in fused family’s and often attributed to codependence (Subby, 1984), could make it difficult or *conflictual* for the only child seeking to assert his or her personal authority when the family unit is strained. Bowen, who addresses sibling position as the sixth concept in his theory, explains that birth order positions have specific functions that eventually become part of an individual’s personality. Thus based on the inherent nature of a single child, often from an overly intense, triadic family structure, it would seem that, when needed, onlies are more vulnerable to being compromised for the sake of system “stability” (Friel & Friel, 1988; Subby, 1984).

CHAPER III

METHODOLOGY

Research Design

Essentially no research has been done regarding the impact of perceived parenting styles practiced in family-of-origin and only children's tendencies toward codependence or triangulation. While a qualitative study or a mixed method could shed additional light on the unique experience of only children, this study used quantitative means in hope of obtaining measurable data that might classify features among only children and inform need for future investigation.

Sample

Inclusion criteria for participation were only children age 21 and older who had not grown up with biological, adopted or step-siblings. Demographic information as well as two multiple choice, fixed method surveys were taken by participants contacted through Facebook and email. The desired sample size was 50-100 respondents. Of the 88 participants who began the survey, 53 completed both questionnaires and it is their data that is analyzed in the findings. Completion of the entire survey was estimated to take approximately 30 minutes. Because a snowball sampling method was employed, the sample does not reflect the general experience of only children and is therefore exploratory in nature.

Recruitment Process

Snowball sampling was used to recruit potential participants through Facebook and email. Facebook which is a free social networking website with over 175 million active members worldwide allows users to join one or more networks, organized by city, workplace, school, and region.¹ The website is free to everyone and allows users to create profiles, exchange private or public messages, and join groups of friends. In addition to recruiting via Facebook, potential participants from the researcher's personal network were emailed an initial contact letter stating inclusion criteria for the study as well as the possible risks and benefits involved (see Appendix A). Those who received an email were asked to forward the link to others whom they felt might be interested in participating even if they themselves were not eligible or did not wish to contribute to the findings.

Those who met inclusion criteria were directed to a Survey Monkey link where questionnaires were administered (see Appendix B). In order to begin the survey, participants were directed to a formal consent form (see Appendix C) which provided a more detailed overview of the study including what was involved in participation, possible risks and benefits as well as inclusion/exclusion criteria. After reading the form, participants were given the option of providing an electronic signature, meaning that by clicking the "Next" button; they effectively agreed to participate and consented to the terms. Recruitment from Facebook started with a request sent to members of the researcher's Facebook page asking those interested to click on the link. They were then directed to the same consent form (Appendix C).

The purpose of the study was clearly stated to potential participants. The risks were minimal, however a list of free support services was provided (see Appendix C). Participants were informed they might benefit from knowing their contribution could aid social workers and other health care professionals work more effectively in collaboration with individuals, couples, and families coping with codependence.

It was clearly stated that the survey asked attitudes and feelings about *perceived* parenting styles practiced in family-of-origin. Participants were informed of their right not to participate or to cease participation at any point throughout the survey. Participants were also informed that their personal information was anonymous and that data would be gathered through an anonymous internet survey administered through a professional, third-party survey-hosting website, ensuring that no responses or personal information could be traced back to participants. In addition, there was no direct contact between the participants and the researcher, thus there was no individual identification of participants by the researcher.

Since the surveys were distributed using Survey Monkey and names were not requested, each respondent is identified only by number and is not known personally to the investigator. Survey Monkey does not allow names or identifying information to remain in the system, meaning that it is not possible for anyone, including the researcher, to trace where the responses came from. In this way, anonymity and confidentiality are guaranteed. The consent form also clearly stated that all survey responses will be kept

¹ "Facebook—My Account". Facebook. <http://www.facebook.com/editaccount.php?networks>. Retrieved on 2008-03-07. Accessed by Wikipedia 2009-02-11.

confidential and secure for a minimum of three years. Once the data is no longer needed, it will be safely destroyed.

Method

This study employed two fixed method surveys to gather information. The *Parental Authority Questionnaire* (PAQ) consists of 30 questions asking participants about their perception of parenting styles practiced in family-of-origin (Appendix E & F). The second multiple choice survey was the *Spann-Fischer Codependency Scale* (SF CDS) which asks 16 questions about participants' experience with codependence (Appendix G).

The *Parental Authority Questionnaire* (Buri, 1991) – which was based off of Baumrind's (1971) three distinct parental authority prototypes – was designed to measure parental authority, or disciplinary practices, from the point of view of the child (of any age) and has three subscales: authoritarian; permissive; and authoritative/flexible. The forms for mothers and fathers are identical except for gender references. The *PAQ* consists of 30 statements about each parent and uses a 5-point Likert type scale with 1 = strongly disagree and 5 = strongly agree to record responses (See Appendices E & F). Ten statements describe behaviors representative of authoritarian parenting, ten of permissive parenting; and ten of authoritarian/ flexible parenting. Based upon prior research, the test-retest reliability estimates are $r = .78$ for mother's authoritarian, $r = .86$ for mother's authoritative/ flexibility, $r = .81$ for mother's permissiveness, $r = .92$ for father's authoritative/ flexibility, $r = .85$ for father's authoritarianism, and $r = .77$ for father's permissiveness (Buri, 1991).

The *Spann-Fischer Codependency Scale* is a 16-item Likert-type scale, ranging in score from 16-96 with higher scores reflecting codependency (See Appendix G).

Consistency has been measured by Cronbach's alpha ranging from .73 to .80 and test-retest correlation of .87 (Fischer, Spann, & Crawford, 1991). This Codependency survey utilized a 6-point Likert Scale giving participants the option of answering: Strongly Disagree, Moderately Disagree, Slightly Disagree, Slightly Agree, Moderately Agree, and Strongly Agree.

Protection of Human Subjects

Quantitative research data was collected using an anonymous online survey administered by Survey Monkey. Survey Monkey allowed the researcher to create and widely distribute an anonymous online survey. A link to the survey was sent and easily accessed by potential participants. In order to further guarantee anonymity, IP (internet protocol) address collection was disabled at the Survey Monkey site so that participants' internet provider address and individual identity could remain unknown. An IP (internet protocol) address consists of four groups of numbers separated by dots - such as 66.179.50.166 - and is used to uniquely identify an electronic device on computer networks such as the Internet. IP addresses are like zip codes in the sense that they share general information about where network data is from. To ensure complete anonymity, *respondent's IP addresses were not stored in the survey results* and no name or email could be associated with any response.² Survey participation and survey results were, therefore, anonymous; the researcher did not have the capacity to trace the survey data

²http://www.surveymonkey.com/HelpCenter/AnswerPop.aspx?HelpID=74&TB_iframe=true&height=*&width=725 Accessed by SurveyMonkey.com 2009-04-5.

back to a particular person or computer. Since the surveys were distributed using Survey Monkey and names were not asked, each respondent was identified only by a number and remained unknown to the researcher. It was stated in the informed consent that the researcher's Advisor would have access to the data but would not have access to any identifying information.

CHAPER IV

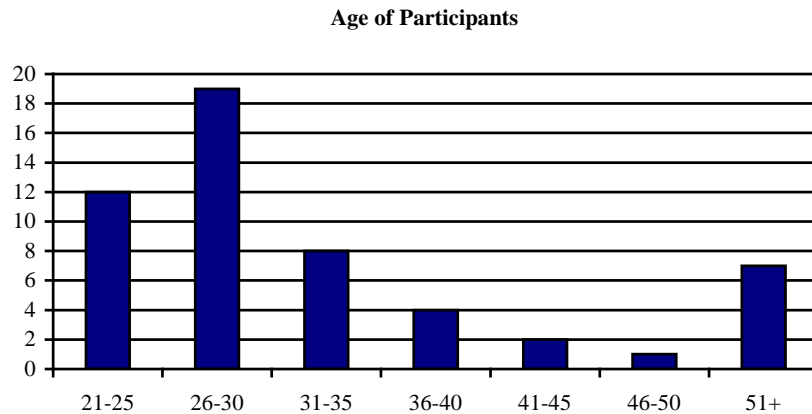
FINDINGS

This study sought to examine the correlation between codependency in only children and parenting styles practiced in family-of-origin. While there are current studies on codependency, parenting style and birth order, there exists very little research that takes into account the unique role of only children who are inherently subject to relationship triangles. The standardization methods used in this research were the *Spann-Fischer Codependency Scale*, (See Appendix G) which measures levels of codependence and the *Parental Authority Questionnaire*, (See Appendices E & F) which uses the child's perspective to categorize parenting styles practiced in family-of-origin with an emphasis upon authoritarian parenting. The research question for the current study was: Are only children codependent? Can only children who identify as codependent be traced to a specific parenting style practiced in family-of-origin? It was additionally hypothesized that female only children would score higher on the *Spann-Fischer Codependency Scale* than male only children.

Recruitment for this study yielded a sample size of 88 participants, 53 of whom met the inclusion criteria and completed the survey. Participants were recruited through Facebook and email. Due to the method used, the population studied may not accurately reflect attitudes and beliefs of those who were not within the researcher's extended network. In addition, this method targeted internet savvy individuals who have access to online resources.

Of the 53 participants who completed the study, 40 were female and 13 were male. Ages ranged from 21 to 51+ with most participants between the ages 21-30 (see Figure 1).

Figure 1.

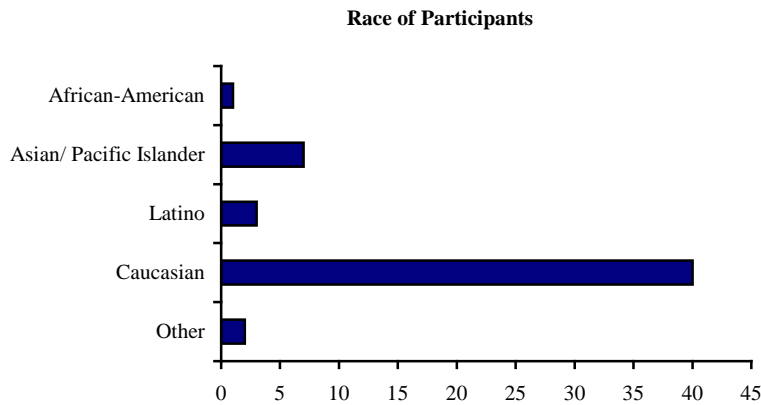


Thirty two participants were employed full-time, five worked part-time, three were unemployed, and thirteen were students. Forty-eight participants identified as heterosexual, three as homosexual, and two as bisexual. Relationship status varied with forty-two participants married or in relationships/ dating and eleven who were single.

Forty one participants grew up with both parents, eight lived with just their mothers and four onlies reported splitting time between both parents' houses and or having an additional family member (uncle, aunt, grandmother) live with them at some point. Twenty three participants grew up in the Northeast, four in the South, twenty on the West Coast and six in the Mid-West.

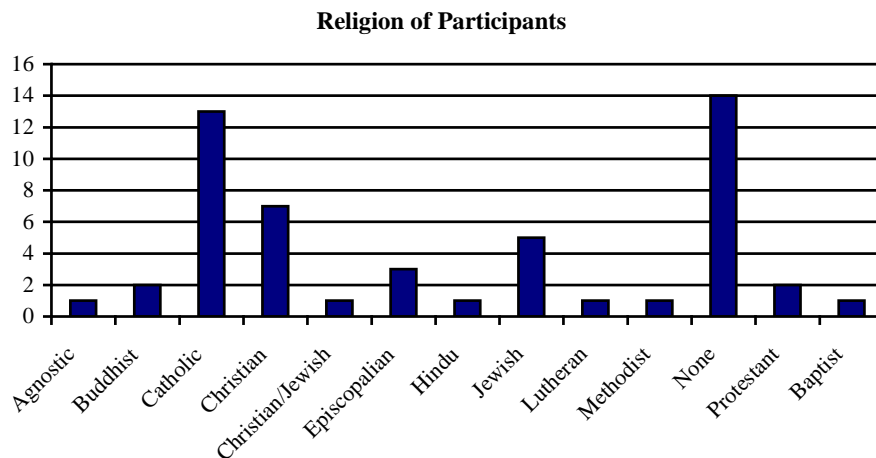
There was a range of race among the population with 40 participants identifying as Caucasian (see Figure 2).

Figure 2.



In looking at education, 90.6% of participants had completed a 4-year college or graduate degree. Forty-two of the participant's mother's had completed some college or graduate school and forty-one fathers had completed some college or graduate school. There was also a range of religious background with 24.5% raised Catholic and 26.4% raised non-religious (see Figure 3).

Figure 3.



The first set of data looked at the entire sample size of 53 participants and determined a significant positive relationship between *Spann-Fischer Codependency*

Scores and the *PAQ* authoritarian subscales as characterized by parents who are highly directive with their children and value unquestioning obedience in their exercise of authority. Based on Baumrind's (1971) three distinct parental authority prototypes (authoritarian, permissive and authoritative/ flexible) authoritarian parents tend to be detached and less warm than other parents; they discourage verbal give and take and favor punitive measure in an effort to control their children's behavior.

Using a Pearson correlation (see Table 1), the relationship between codependency in only children and perceived authoritarian parenting styles in mothers was relatively weak ($r=.301$, $p=.040$, two-tailed), while the correlation between codependency scores and perceived authoritarian subscales among fathers was moderate ($r=.510$, $p=.001$, two-tailed).

Table 1. Relationship between Codependency (*Spann-Fischer*) and Authoritarian, Permissive, and Authoritative/ Flexible parenting styles (*PAQ*).

Parenting Style		Pearson r	p
Permissive	Mother	-.129	.387
	Father	-.224	.188
Authoritarian	Mother	.301	.040*
	Father	.510	.001**
Authoritative/Flexible	Mother	-.172	.248
	Father	-.447	.006**

*Correlation is significant at the .05 level (two-tailed)

** Correlation is significant at the .01 level (two-tailed)

Among only children raised by both parents, no significant relationship was found between *Spann-Fischer Codependency Scores* and the *PAQ* maternal or paternal permissive subscales as defined by relatively non-controlling styles in which children are encouraged to regulate their own activities as much as possible and minimum punishment is used. Likewise, there was no significant correlation between codependency scores and maternal or paternal authoritative/ flexible subscales as defined by parents who tend to fall somewhere in between authoritarian and permissive styles. Baumrind (1971) describes authoritative/ flexible parents as providing clear and firm direction for their children in which disciplinary clarity is moderated by warmth, reason, flexibility, and verbal give-and-take.

Of the 53 participants, eight were raised primarily by one parent- in this case their mothers. This sub-sample did not yield a significant correlation between *Spann-Fischer Codependency* scores and *PAQ* authoritative subscale scores, however a moderately significant, negative correlation was established between *Spann-Fischer codependency* scores and permissive parenting subscale for fathers ($r = -.447$, $p = .006$, two-tailed). In determining whether female only children exhibited higher codependency scores than male only children, a t-test found no significant difference between genders ($t(45) = -.483$, $p = .631$).

Summary

In response to the research question: Are only children codependent? The data indicates that this sample was codependent as measured by the *Spann-Fischer Codependency Scale*. Specific to only children who grew up with both parents, the data

yielded a positive correlation between only children's codependency scores and perceived authoritarian parenting styles practiced by both mothers and fathers. Such findings suggest that among onlies within this study, codependence can be linked to authoritarian parenting styles as characterized by parents who are highly directive, value unquestioning obedience and tend to be detached, less warm, and more punitive than other parenting approaches (Baumrind, 1971).

In addition, only children raised by just one parent did not yield statistically significant data between codependency scores and perceived parenting style. In addition, the hypothesis that female only children would score higher on the *Spann-Fischer Codependency Scale*, thus indicating a greater prevalence towards codependence than male only children was not statistically significant ($t(45) = -.483, p = .631$).

CHAPTER V

DISCUSSION

When studied as a whole, the 53 participants yielded statistically significant codependency scores as measured by the *Spann Fischer Codependency Scale*; additionally when correlated with authoritarian parenting styles, results were significant.

When the group was broken down into those who grew up with both parents versus the sub-group of eight participants raised by only one parent (mothers), codependency scores within the subgroup were not statistically significant. While the explanations are unknown, as suggested by early family therapists such as Bowen and Minuchin, and echoed by empirical researchers such as Robert Emery, Frank Fincham, and Mark Cummings (1992), families are more complex than a collection of dyadic relationships. Triangulation of children whether it be through scapegoating, detouring marital conflict through the child, or the development of an overly close parent-child alliance that excludes one parent, codependency can often result (Skowron & Friedlander, 1998, p.235).

According to the Eight Basic Concepts of Bowen *Family Systems Theory*, highly fused or codependent individuals “seek acceptance and approval above all other goals” (Skowron & Friedlander, 1998, p.235). While no questions on the *Spann Fischer Codependency Scale* specifically address acceptance or approval seeking, the participants in this study expressed difficulty saying “no”; actively avoiding conflict; feeling bored or empty without problems to focus on; doing things for others even when the person they

are helping is capable of satisfying the task themselves; and placing others ahead of themselves, all indicating possible approval seeking and acceptance.

While the data sought to compare codependency to perceived parenting styles, in looking at responses to the *Spann-Fischer Codependency Scale*, many interesting themes emerged. Findings of significance include participants having difficulty saying “no” (58.5%); feeling bored or empty without problems to focus on (57.8%); and doing things for others even when the person they are helping is capable of satisfying the task themselves (73.6%). These responses indicate that in addition to a significant correlation between codependence and authoritarian parenting styles practiced in single child families, onlies specifically have a propensity for care-taking, living up to other’s expectations and a strong external locus of control, all of which are common symptoms of codependents who often doubt their own intrinsic value (Seaward, 2005).

The literature shows that in addition to only children experiencing a tremendous amount of worry and anxiety in response to family expectations, onlies suffer from many underlying fears of imagined abandonment and real fears of being ‘orphaned’ once parents pass (Werman, 2008). Some studies show that separation anxiety, which is commonly experienced among only children, has a positive correlation to triangulation, indicating that when children “fuse” with the family unit, higher degrees of anxiety and dependence upon primary attachment figures are formed (Werman, 2008). Such research could possibly speak to any discrepancies or similarities between the prevalence of codependency and separation anxiety among only children.

While many people suffering from codependency or family fusion tend to practice poor self care, this sample was unique. In reaction to the question “I feel guilty when I do something nice for myself” 62.3% of onlies disagreed. In general, many participants in this study conveyed taking responsibility for their own experience and happiness which suggests a level of independence rather than codependence. A significant number of onlies (65.4%) disagreed with the statement “I tell myself that things will get better when the people in my life change what they are doing,” further suggesting that onlies assume responsibility for narrating their own experiences. Likewise, many participants disagreed with the perception “I seem to have relationships where I am always there for others, but they are rarely there for me” (60.3%). Additionally, 56.6% of onlies disagreed with the statement “I often focus on one person and neglect my other relationships” suggesting that relationships of participants are experienced as equal give and take. Finally, 58.5% of only children in this study reported not getting into painful relationships which is a theme among those suffering from codependency or family fusion.

Horney who originally introduced *morbid dependency* describes three fundamental approaches in the psychodynamics of codependence. In an effort to manage familial anxiety – for which 73.6% of participants admitted to worrying a great deal – the first type of codependent individual tends to move towards their *parents* – which is often the only option for onlies – in search of love or affiliation (Horney, 1950). This type of codependent will often respond to withholding, inaccessible and remote parents – all of which are characteristics of the authoritarian parenting style described in the *PAQ* questionnaire – using a self-effacing approach. Horney went on to describe the second type of codependent individual who tends to use dominance in an effort to move away

from others in hopes of achieving coercive mastery of codependence, while the third type of individual withdrawals in an effort to gain freedom and autonomy from a codependent family structure (Allcorn, 1992). In response to not allowing others to see the real “me,” 60.4% of participants agreed with this statement, suggesting possible attempts at withdrawal, autonomy or avoidance of fused attachments. Additional explanations could be separation anxiety, pressures to succeed, feelings of responsibility and perfectionism all of which are linked to only children (Mancillas, 2006).

One of the most significant findings revealed in the *Spann Fischer Codependency Scale* was a tendency to put the needs of others ahead of ones own. The data indicates that more than 2 to 1 onlies (70%) place others ahead of themselves, challenging many negative stereotypes about only children who are often labeled ‘selfish or self-centered’. Quite the contrary, this data indicates that in spite of possible codependent implications, onlies show a unique ability to use their sensitivity and responsibility to care for others, often without compromising their own needs and expectations.

The more neutral answers were in response to “having difficulty making decisions” (51%); accepting compliments from others (51%); keeping anger in until sometimes exploding (52.8%); and usually going “to any length to avoid open conflict” (54.7%). Such findings could speak to onlies lack of experience mitigating conflicts with siblings; other possible explanations might be concern that tension could jeopardize peer relationships or lead others to perceive onlies in a negative or unfavorable light.

This study suggests that family-of-origin as well as authoritarian parenting styles can influence the development of codependence especially among only children who are thought vulnerable to family dynamics. In addition, this study suggests that children who

are inherently triangulated into their parent's original dyad exhibit symptoms of codependency or *fusion*.

*Limitations and Recommendations for Social Work
Practice and Research*

Additional quantitative measures addressing triangulation, separation anxiety, *true* versus *false-self*, and current relationship patterns would have been valuable. A qualitative study or a mixed method which asks open-ended questions would have yielded richer responses and deeper narrative. Because snowball sampling was employed, there is not a randomized representative sample.

Future inquiry could seek to identify codependency within family systems thus broadening therapist's interventions beyond individual psychotherapy, which is typically prescribed in cases of codependence and anxiety, to include family systems. Because these findings highlight a positive association between father-mother-child triangulation and symptoms of codependence or fusion, it is important that clinicians explore the only child's relationship with his or her parents, as well as the parental dyad when possible. Although not employed in this study, there are tests which measure triangulation, including the *Nuclear Family Triangulation Scale For Children*; (See Appendix J) that could be used in future studies to increase understanding and assessment of only children within a triadic family structure.

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Appendix A

Electronic Facebook Recruitment Letter

Dear Potential Research Participant:

My name is Rachel Carfora and I am a graduate student at Smith College School for Social Work. I am conducting a research project designed to explore the relationship between only-children and parenting style practiced in family-of-origin. This study is being conducted for my Master's of Social Work degree at Smith College School for Social Work and may be used in future presentations, publications, or grants on the topic.

Participants in this study should be individuals who are only-children and age 21 or older. Participants will be asked to fill out an online survey (by clicking on the link below) that asks them about perceived parenting styles practiced in their family-of-origin and tendencies toward codependence.

The survey will take approximately 30 minute to complete and will be completely anonymous. There will be no financial benefit for participating in the survey. However, participants may benefit from knowing that they have contributed to this research.

As a participant you will need to meet the following inclusion criteria: Participants in this study should be individuals who are only-children and age 21 or older.

If you agree to participate in this study, and meet the above criteria, please connect to the internet link below. You will be asked to read, and agree to an informed consent form that details your rights as a participant before beginning the survey.

Please contact me if you have any additional questions and I thank you in advance for your participation!

Rachel Carfora
Smith School for Social Work
rcarfora@smith.edu

Appendix B
Survey Screening Page

Thank you for your possible participation in this study!

Please know that this study is completely anonymous and you are free to refuse to answer specific questions. If you have any questions, please do not hesitate to contact me by email at rcarfora@email.smith.edu. You may also contact the Chair of the Human Subjects Review at Smith College at (413) 585-7974.

I grew up an only child without biological or step siblings:

True

False

I am 21 years of age or older:

True

False

Appendix C

Electronic Informed Consent Form

My name is Rachel Carfora and I am conducting a study to learn more about the impact of parenting styles on only-children. The study is being conducted for my Master of Social Work thesis at Smith College School for Social Work and may be used for possible publication and presentation.

You are being asked to participate in this study if (a) you are an only-child (b) you are older than 21 years of age.

As a volunteer in this study you will be asked to complete an online questionnaire.

Questionnaire items will ask for demographic information as well as two brief multiple choice tests which ask about parenting style practiced in family-of-origin and tendencies towards codependency. The survey should take no more than 30 minutes in total.

Your participation is completely voluntary. Participants are able to stop the survey at any time and “skip” any questions they don’t want to answer.

Although you will not receive financial compensation for participating in this study; you may benefit from knowing that you have contributed to the further knowledge and understanding of only-children’s experiences with codependency and the impact of parenting styles. Your participation may help social workers or other health care workers to have a better understanding of how to approach these issues with clients, only-children and those coping with codependency and work more effectively in collaboration with only-children, couples and families. The potential risks of participating in this study are uncomfortable emotions while reflecting upon your experiences.

This study is completely anonymous. Your name will not be requested and there will be no way to trace your responses back to you. Because of the anonymity, however, there will be no way to withdraw your particular answers once you have completed the questionnaire. Data will be stored for a minimum of three years in a locked file in the researcher’s home, and all written materials will be destroyed after the researcher completes her degree requirements.

This study is completely voluntary and you are free to refuse to answer specific questions. If you have any questions, please do not hesitate to contact me by email at rcarfora@email.smith.edu. You may also contact the Chair of the Human Subjects Review at Smith College at (413) 585-7974.

BY CLICKING “NEXT” AND SUBMITTING THIS SURVEY, YOU ARE INDICATING THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION ABOVE AND THAT YOU HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY. THANK YOU!

For your files, please print a copy of this consent form as well as the referral list below.

List of Referrals:

1. Co-Dependents Anonymous is a program of recovery from codependence, where individuals are encouraged to share experiences.

Phone (answering service and list of meeting information) (602) 277-7991

Email: outreach@codas.org (Outreach answers general questions concerning CoDA and can help get you into contact with the right committee.)

2. If you feel you identify as being codependent, Portage Path Behavioral Health has online services at <http://www.portagepath.org/hotline.html> as well as a toll-free 24-hour, 7-day support hotline at 888-434-8878

3. A list of local services can be accessed by going to <http://www.befrienders.org/helplines/helplines.asp?c2=USA>

4. The Samaritans provides a free and confidential 24-hour phone befriending line at **877.870.HOPE**. This unique service, which is staffed by trained volunteers, provides support to those in need.

5. Yahoo Groups Discussing Codependent Relationships
<http://groups.yahoo.com/phrase/codependent-relationships>

Appendix D

Instrument Part One – Demographic Questionnaire

1. I am an only-child
 - Yes
 - No

2. My age is:
 - 21-25
 - 26-30
 - 31-35
 - 36-40
 - 41-45
 - 46-50
 - 50+

3. I identify as:
 - Female
 - Male
 - Transgender

4. What is your Race?
 - Fill In

5. What is your ethnicity?
 - Fill In

6. What is your sexual orientation?
 - Heterosexual
 - Homosexual
 - Transgender
 - Other please fill in

7. My current relationship status is:
 - Married
 - In a relationship
 - Dating
 - Single

8. My current occupation status is:
 - Full-time
 - Part-time
 - Unemployed

Student

9. The highest degree of education I have completed is:
Some High School
High school
Some college
4-year College
Graduate school
Trade/vocational school
10. Growing up, I predominantly lived with:
Both parents
One parent- mother
One parent- father
Neither parent
11. The geographic location where you were raised by your parent/s:
State Drop Down and fill in blank for “other”
12. The highest degree of education your parent/s has:
High school
Some college
4-year College
Graduate school
Trade/vocational school
13. What religion, if any, were you raised:
Fill In
14. Religion, if any, of your parent/s:
Fill In for each parent

Appendix E

Instrument Part Two- The *Parental Authority Questionnaire* (Buri, 1991)

Mother

1. While I was growing up my mother felt that in a well-run home the child should have their way as often as the parents do.
2. Even if I didn't agree with her, my mother felt that it was for my own good if to conform to what she thought was right.
3. Whenever my mother told me to do something as I was growing up, she expected me to do it immediately without asking any questions.
4. As I was growing up, once family policy had been established, my mother discussed the reasoning behind the policy with the children in the family.
5. My mother has always encouraged verbal give-and-take whenever I have felt that family rules and restrictions were unreasonable.
6. My mother has always felt that what her children need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what their parents might want.
7. As I was growing up my mother did not allow me to question any decision she had made.
8. As I was growing up my mother directed the activities and decisions of the children in the family through reasoning and discipline.
9. My mother has always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.
10. As I was growing up my mother did *not* feel that I needed to obey rules and regulations of behavior simply because someone in authority had established them.
11. As I was growing up I knew what my mother expected of me in my family, but I also felt free to discuss those expectations with my mother when I felt that they were unreasonable.
12. My mother felt that wise parents should teach their children early just who is boss in the family.
13. As I was growing up, my mother seldom gave me expectations and guidelines for my behavior.

14. Most of the time as I was growing up my mother did what the children in the family wanted when making family decisions.
15. As the children in my family were growing up, my mother consistently gave us direction and guidance in rational and objective ways.
16. As I was growing up my mother would get very upset if I tried to disagree with her.
17. My mother feels that most problems in society would be solved if parents would *not* restrict their children's activities, decisions, and desires as they are growing up.
18. As I was growing up my mother let me know what behavior she expected of me, and if I didn't meet those expectations, she punished me.
19. As I was growing up my mother allowed me to decide most things for myself without a lot of direction from her.
20. As I was growing up my mother took the children's opinions into consideration when making family decisions, but she would not decide for something simply because the children wanted it.
21. My mother did not view herself as responsible for directing and guiding my behavior as I was growing up.
22. My mother had clear standards of behavior for the children in our home as I was growing up, but she was willing to adjust those standards to the needs of each of the individual children in the family.
23. My mother gave me direction for my behavior and activities as I was growing up and she expected me to follow her direction, but she was always willing to listen to my concerns and to discuss that direction with me.
24. As I was growing up my mother allowed me to form my own point of view on family matters and she generally allowed me to decide for myself what I was going to do.
25. My mother has always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to as they are growing up.
26. As I was growing up my mother often told me exactly what she wanted me to do and how she expected me to do it.
27. As I was growing up my mother gave me clear direction for my behaviors and activities, but she also understood when I disagreed with her.
28. As I was growing up my mother did not direct the behaviors, activities, and desires of the children in the family.

29. As I was growing up I knew what my mother expected of me in the family and she insisted that I conform to those expectations simply out of respect for her authority.

30. As I was growing up, if my mother made a decision in the family that hurt me, she was willing to discuss that decision with me and to admit it if she had made a mistake.

Appendix F

Instrument Part Two- The *Parental Authority Questionnaire* (Buri, 1991)

Father

1. While I was growing up my father felt that in a well-run home the children should have their way in the family as often as the parents do.
2. Even if his children didn't agree with him, my father felt that it was for my own good if I was forced to conform to what he thought was right.
3. Whenever my father told me to do something as I was growing up, he expected me to do it immediately without asking any questions.
4. As I was growing up, once family policy had been established, my father discussed the reasoning behind the policy with me.
5. My father has always encouraged verbal give-and-take whenever I have felt that family rules and restrictions were unreasonable.
6. My father has always felt that what I need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what my parents might want.
7. As I was growing up my father did not allow me to question any decision he had made.
8. Growing up my father directed the activities and decisions of the children in the family through reasoning and discipline.
9. My father has always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.
10. As I was growing up my father did *not* feel that I needed to obey rules and regulations of behavior simply because someone in authority had established them.
11. Growing up I knew what my father expected of me within my family, but I also felt free to discuss those expectations with my father when I felt that they were unreasonable.
12. My father felt that wise parents should teach their children early just who is boss in the family.
13. As I was growing up, my father seldom gave me expectations and guidelines for my behavior.
14. Most of the time as I was growing up my father did what I wanted when making family decisions.

15. When I was growing up, my father consistently gave me direction and guidance in rational and objective ways.
16. As I was growing up my father would get very upset if I tried to disagree with him.
17. My father feels that most problems in society would be solved if parents would *not* restrict their children's activities, decisions, and desires as they are growing up.
18. As I was growing up my father let me know what behavior he expected of me, and if I didn't meet those expectations, he punished me.
19. As I was growing up my father allowed me to decide most things for myself without a lot of direction from him.
20. As I was growing up my father took my opinions into consideration when making family decisions, but he would not decide for something simply because I wanted it.
21. My father did not view himself as responsible for directing and guiding my behavior as I was growing up.
22. Growing up, my father had clear standards of behavior for me, but he was willing to adjust those standards to my needs.
23. My father gave me direction for my behavior and activities as I was growing up and he expected me to follow her direction, but he was always willing to listen to my concerns and to discuss that direction with me.
24. As I was growing up my father allowed me to form my own point of view on family matters and he generally allowed me to decide for myself what I was going to do.
25. My father has always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to as they are growing up.
26. As I was growing up my father often told me exactly what she wanted me to do and how he expected me to do it.
27. As I was growing up my father gave me clear direction for my behaviors and activities, but he also understood when I disagreed with him.
28. As I was growing up my father did not direct the behaviors, activities, and desires of the children in the family.
29. As I was growing up I knew what my father expected of me in the family and he insisted that I conform to those expectations simply out of respect for her authority.
30. As I was growing up, if my father made a decision in the family that hurt me, he was willing to discuss that decision with me and to admit it if he had made a mistake.

Appendix G

Instrument Part Three – Codependency Questionnaire

Spann-Fischer Codependency Scale (Fischer et al., 1991)

As based on the *Spann-Fischer Codependency Scale*, answer options to the following questions are:

Strongly Disagree
Moderately Disagree
Slightly Disagree
Slightly Agree
Moderately Agree
Strongly Agree

1. It is hard for me to make decisions.

Strongly Disagree
Moderately Disagree
Slightly Disagree
Slightly Agree
Moderately Agree
Strongly Agree

2. It is hard for me to say "no."

Strongly Disagree
Moderately Disagree
Slightly Disagree
Slightly Agree
Moderately Agree
Strongly Agree

3. It is hard for me to accept compliments graciously.

Strongly Disagree
Moderately Disagree
Slightly Disagree
Slightly Agree
Moderately Agree
Strongly Agree

4. Sometimes I almost feel bored or empty if I don't have problems to focus on.

Strongly Disagree

Moderately Disagree
Slightly Disagree
Slightly Agree
Moderately Agree
Strongly Agree

5. I usually do not do things for other people that they are capable of doing for themselves.

Strongly Disagree
Moderately Disagree
Slightly Disagree
Slightly Agree
Moderately Agree
Strongly Agree

6. When I do something nice for myself I usually feel guilty.

Strongly Disagree
Moderately Disagree
Slightly Disagree
Slightly Agree
Moderately Agree
Strongly Agree

7. I do not worry very much.

Strongly Disagree
Moderately Disagree
Slightly Disagree
Slightly Agree
Moderately Agree
Strongly Agree

8. I tell myself that things will get better when the people in my life change what they are doing.

Strongly Disagree
Moderately Disagree
Slightly Disagree
Slightly Agree
Moderately Agree
Strongly Agree

9. I seem to have relationships where I am always there for them but they are rarely there for me.

Strongly Disagree
Moderately Disagree

Slightly Disagree
Slightly Agree
Moderately Agree
Strongly Agree

10. Sometimes I get focused on one person to the extent of neglecting other relationships and responsibilities.

Strongly Disagree
Moderately Disagree
Slightly Disagree
Slightly Agree
Moderately Agree
Strongly Agree

11. I seem to get into relationships that are painful for me.

Strongly Disagree
Moderately Disagree
Slightly Disagree
Slightly Agree
Moderately Agree
Strongly Agree

12. I don't usually let others see the "real" me.

Strongly Disagree
Moderately Disagree
Slightly Disagree
Slightly Agree
Moderately Agree
Strongly Agree

13. When someone upsets me I will hold it in for a long time, but once in a while I explode.

Strongly Disagree
Moderately Disagree
Slightly Disagree
Slightly Agree
Moderately Agree
Strongly Agree

14. I will usually go to any lengths to avoid open conflict.

Strongly Disagree
Moderately Disagree
Slightly Disagree
Slightly Agree
Moderately Agree
Strongly Agree

15. I often have a sense of dread or impending doom.

Strongly Disagree
Moderately Disagree
Slightly Disagree
Slightly Agree
Moderately Agree
Strongly Agree

16. I often put the needs of others ahead of my own.

Strongly Disagree
Moderately Disagree
Slightly Disagree
Slightly Agree
Moderately Agree
Strongly Agree

Appendix H

Thank You Screen

Once participants have completed the demographic, *Parental Authority Questionnaire(s)* and the *Spann-Fischer Codependency Scale*, they will see the following Thank you screen:

Thank you for your participation in this survey! Please remember that all identifiers are anonymous and all data collected in the survey will be kept confidential. If you should have any questions or concerns, please feel free to email me at rcarfora@smith.edu. If after completing this test you would like additional support, please refer to the list below for free, local and national support services.

Appendix I

Human Subjects Review Committee Approval Letter

April 13, 2009
Rachel Carfora

Dear Rachel,

Your revised materials have been reviewed. You did an excellent job in their amendment and we are now able to give final approval to your study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Yoosun Park, Research Advisor

Appendix J

NUCLEAR FAMILY TRIANGULATION SCALE FOR CHILDREN

For each of the questions, please choose one of the following answers that best describes your family. There are no right or wrong answers.

(0) never (1) rarely (2) sometimes (3) often (4) very often

___1. When your parents disagree, how often do you feel “caught in the middle” between them?

___2. How often does your mother “butt in” to disagreements between you and your father?

___3. Do you ever do things to try to keep your parents apart?

___4. Does your father share secrets with you that he doesn’t share with your mother?

___5. Do your parents ever try to involve you in their fights or problems?

___6. Do you ever think that your father would rather spend time with you than with your mother?

___7. When your parents are fighting or are unhappy with each other, do you tend to misbehave?

___8. How often do you feel the need to take sides when your parents disagree?

___9. When you are spending time with both of your parents, do you wish your father would not be there?

___10. Do you find it difficult to feel close to both of your parents at the same time?

___11. Do you ever feel that your mother cares more about you than she cares about your father?

___12. Do you feel your parents need your help in order to get along with each other?

___13. How often are your parents’ discussions about you?

___14. When your parents are fighting or are unhappy with each other, do you tend to get sick (stomach aches, headaches, etc.)?

___15. Do you ever think that your mother would rather spend time with you than with your father?

___16. How often does your father “butt in” to disagreements between you and your mother?

___17. Is it ever difficult to feel friendly toward both of your parents at the same time?

___18. Does your mother share secrets with you that she doesn’t share with your father?

___19. Do you try to solve your parents’ problems when they are not getting along with each other?

____20. Do you ever feel that your father cares more about you than he cares about your mother?

____21. When you are spending time with both of your parents, do you wish your mother would not be there?

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