# FAMILY OF ORIGIN, DYADIC RELATIONSHIP AND THE LEVEL OF CODEPENDENCE: A COMPARISON OF ALCOHOLIC AND NON-ALCOHOLIC COUPLES

by

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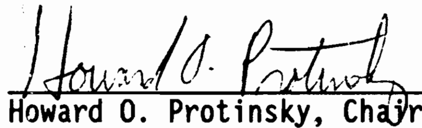

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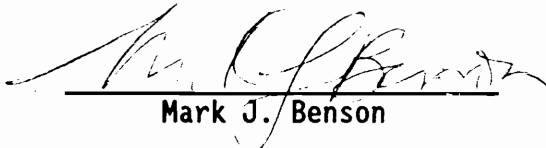

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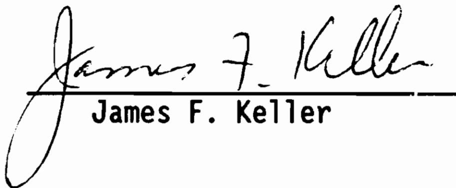

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(ABSTRACT)

One hundred and twenty participants (sixty couples) provided reports of their perceptions of the functioning of their families of origin (intimacy, individuation, intimidation, and triangulation), current nuclear family relationships (intimacy, individuation, personal authority, and triangulation), and level of codependence. Sixty of the participants (30 recovering alcoholics and their spouses) formed a clinical group; the remaining sixty (30 matched comparisons and their spouses) formed a comparison group. The participants also provided relevant background information.

Chi-square analyses were used to explore the nature of the sample and supported the general comparability of clinical and comparison groups. Analyses of variance were used to investigate potential differences between and within groups with respect to intergenerational functioning and level of codependence. These analyses revealed highly significant differences between clinical and comparison groups, and very few differences between spouses in either

group, in terms of intergenerational family functioning and level of codependence. Both correlational analysis and multiple regression were used to explore the relationship of continuous background variables, intergenerational functioning and level of codependence. Codependence within the clinical population is predicted by family of origin factors, whereas within the comparison population it is more likely to be predicted by spousal factors.

Nine of the original 60 sixty couples were subsequently involved in a qualitative phase of the study. These couples, reporting varying levels of codependence, participated in semi-structured interviews. The stories told by the high, low and difference in codependence groups were generally congruent with the results of the analysis of the quantitative data.

The results of the study generally support the prospects of using Bowen's Family Systems Theory in explaining the various manifestations of family of origin dysfunction, including codependence. The study also clarifies the theoretical connection between evolving notions regarding codependence and the intergenerational family system emotional context.

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# CHAPTER I

# INTRODUCTION

There are over 10 million alcoholics in the United States (Ackerman, 1983). The compulsive and addictive behavioral patterns in which these people are engaged seriously affect the lives of three to five people with whom they are closely associated (Whitfield, 1984). Our society also includes eight million binge eaters (Pope & Hudson, 1984), millions of obese compulsive overeaters (Hollis, 1985), and thousands who develop anorexia nervosa (Steirlin & Weber, 1989). Twenty five percent of teens at some time experience an eating disorder (Maloney & Klyklo, 1983).

There are untold numbers of compulsive gamblers (Brown, 1987), sexual addicts (Carnes, 1983), and "women who love too much" (Norwood, 1985). Many of these variously addictive or compulsive individuals marry and raise "dysfunctional" families (Friel & Friel, 1988). For example, it has been reported that the United States contains 28-40 million children of alcoholics who experience an identifiable cluster of emotional, psychological and relational problems (Black, Bucky, & Wilder-Padilla, 1986; Woititz, 1983).

Individuals in all of these seemingly diverse groups

have been identified as being codependent (Cermak, 1986a; Friel & Friel, 1988; Mendenhall, 1989a; Whitfield, 1984). Indicating that codependence is an even more widespread phenomenon, Whitfield (1984) suggested that it is rampant within institutional and political systems, including hospitals, health insurance corporations, mental health delivery systems, the criminal justice process, and schools. Later he stated that "(codependence) is the most common addiction people develop" (1989; p.21). Making an even more sweeping statement about the epidemiological proportions of codependence, Schaef (1986) said we live in a codependent society.

## Statement of the Problem

Despite these authors' claims, it is unclear just how pervasive this phenomenon is. This lack of clarity is due to an even more fundamental problem; that it is, we do not know precisely what codependence is. The development of the construct of codependence is in its infancy; so much so, that a clear and generally accepted definition has not yet been reached, not to mention researched empirically. Partially as a result of this diversity of opinion about codependence, formal assessment has barely begun. This, in turn, perpetuates the lack of clarity about what is meant by the term. Cermak (1986a) stated that "no criteria have been

agreed upon for assessing whether a client is codependent...without such criteria, no standards exist for assessing the presence and depth of pathology, for developing appropriate treatment plans, or for evaluating the effectiveness of therapy" (p. 3).

Several of the many definitions of codependence may serve to illustrate this lack of clarity:

> Codependence is ill health, or maladaptive or problematic behavior that is associated with living, working with, or otherwise being close to a person with alcoholism. It affects not only individuals, but families, businesses, and other institutions, and even whole societies (Whitfield, 1984, p.24).

> Codependence is an emotional, psychological, and behavioral pattern of coping that develops as a result of an individual's prolonged exposure to, and practice of, a set of oppressive rules-- rules which prevent the open expression of feelings, as well as the direct discussion of personal and interpersonal problems (Subby, 1984, p.26).

> Codependence is...a disease process (within our society)...that has many forms of expression and that grows out of a diverse process that...I call the addictive process...whose assumptions, beliefs, behaviors, and lack of spiritual awareness lead to a process of non-living which is progressive (Schaef, 1986, p.6).

> Codependence is addiction to looking elsewhere (Whitfield, 1989, p.22).

It is not clear if codependence is a phenomenon rooted in the family of origin experience, or in current dyadic relationships, or both. It is not clear if it refers to characteristics of the spouse, the identified patient, the

spousal relationship, family of origin rules, roles and dynamics, or all of society. It is not clear if codependence is characteristic only of the alcoholic population, or of other clinical groups as well. In addition, it remains to be established whether or not there is codependence in the "normal" population.

Perhaps because of this lack of clarity, the concept of codependence has recently been called into question. Gierymski and Williams (1986) attempted to clarify the issue by reviewing the existing research and clinical literature on codependence in the area of alcoholism studies. The authors concluded that no clear cut entity corresponding uniquely to the concept of codependence has emerged in the literature. Consequently, they expressed skepticism concerning the validity of the concept, wondering if "the term 'codependence' has not been given connotations far exceeding justification" (Gierymski & Williams, 1986, p.7).

Gierymski and Williams' criticisms of the construct of codependence included that it has unclear criteria, vague boundaries, and a constellation of characteristics which have not been distinguished from those of family members from other families with chronic disease or stressors. These criticisms have also been expressed by others (e.g., Fausel, 1988; Mendenhall, 1989a).

It would be tempting, then, to cast the construct aside

as confusing, overly broad, and meaningless. However, this would be premature because there has been so little empirical investigation in the area (Cermak, 1986b; Prest & Storm, 1988). Lest the concept used to identify such a potentially widespread phenomenon be cast away prematurely, empirical investigation is appropriate. In addition, this investigation is most appropriately undertaken once a comprehensive definition has been developed, and then can only proceed to clarify the nature of codependence within the related theoretical context.

Part of the problem encountered by Gierymski and Williams (1986), in whose review of the literature "no clear cut entity" was found, is that the authors were examining work that is still wrestling with the nature of a basic definition. However, as they point out, the construct of codependence may only be clarified by moving beyond those factors which could inhibit the establishment of a clear and accepted understanding of the nature and etiology of codependence. These include: clinical "stereotypes..., the overgeneralization of results based on case studies with selected populations, the lack of control groups,...the neglect of many relevant variables, and poor design" (p.9). Mendenhall (1989a) seemed to agree. He examined the research on codependence within the field of alcoholism and concluded that what very few studies there are seem strewn

with structural errors in research design and interpretation of data (specifically, samples have been self-selected and not matched with comparison groups).

However, none of these authors have published the rigorous research of the construct that they suggest should be done. Many have stopped short of empirical research, apparently satisfied with a critique of the literature, choosing their own definition and set of characteristics which supposedly clarify the nature of codependence. More than that is needed, however. As Cermak (1986a) stated, "once we establish scientific validity and reliability for the concept, more professionals will take it seriously and we can advance our understanding of this major source of distress" (p.1); and furthermore, "unless we can begin gathering reliable and valid research data, codependence will remain confined to clinical impression and anecdote" (p. 3).

## Purpose of the Study

This research is an initial and exploratory attempt at addressing the nature of codependence, its ability to be meaningfully used in communicating about an identifiable population, and its power in theory building as a basis for understanding etiology, prevention and treatment. By attempting to distinguish between clinical and non-clinical samples, this study will be an initial step toward

addressing the question, "Is or is not codependence universal?". By clarifying the theoretical underpinnings of this construct and its seemingly loosely associated concepts and characteristics, this study will address the claim that codependence vastly oversimplifies the "problems of dependency and interdependency, on both social and interpersonal levels" (Haaken, 1990: p. 405).

This paper identifies, and subsequently measures, key family of origin and current dyadic relationship variables which were hypothesized to generate and/or maintain codependence. This measurement was conducted with a sample of alcoholics and their spouses, the population most frequently identified as being codependent. The data from this sample were compared to data from a matched non-clinical or comparison population. The ultimate aim was to establish whether or not there are significant differences between these two groups, as well as between spouses in each group, in terms of the effect of family of origin and current dyadic relationship functioning on the level of codependence.

The need for developing a meaningful theoretical framework and operational definition in studies such as this one has been clearly emphasized (e.g., Gierymski & Williams, 1986; Haaken, 1990; Kumpfer & DeMarsh, 1986; Mendenhall, 1989b). Consequently, this research was focused within a

theoretical framework which has increasingly demonstrated clinical and empirical utility.

**Codependence in the Family System: A Theoretical Framework**

An increasingly strong bridge has been built between the general addictions and family therapy fields over the last 30 years. A number of professionals have developed clinically useful systemic theories of the etiology, nature and/or treatment of many compulsive and addictive processes, including: alcohol abuse and alcoholism (e.g., Bepko & Krestan, 1986; Kaufman, 1985; Steinglass, 1981; Steinglass, Bennett, Wolin, & Reiss, 1979; Wegscheider, 1981); eating disorders (e.g., Alexander, 1986; Harkaway, 1987; McVoy, 1987; Minuchin, Rosman, & Baker, 1978; White, 1987; Schwartz, 1988; Selvini-Palazzoli, 1974; Steirlin & Weber, 1989); drug abuse and addiction (e.g., Cancrini, Cingolani, Compagnoni, Costantini, & Mazzoni, 1988; Kaufman & Kaufman, 1979; Madanes, Dukes & Harbin, 1980; Piercy & Frankel, 1986; Stanton & Todd, 1982); gambling (Custer, 1985; Jacobs, 1986); and compulsive sexual behavior (Carnes, 1983; Schneider, 1990).

Gierymski & Williams (1986) stated that the term codependency "represents an effort to integrate family systems thinking with the more traditional intrapersonal dynamics that emphasize the symptomatology of the individual

and ignore interactions with the complex social environment" (p. 11). The intergenerational family system is the context which is most congruent with the current theorizing about the nature of codependence (e.g., Friel & Friel, 1988; Subby, 1984; Wegscheider-Cruse, 1984; Whitfield, 1989).

However, those who have attempted to develop the term codependence to describe the experiences of members of an alcoholic, abusive or otherwise dysfunctional system, have not first established a clearly developed framework within intergenerational family systems theory. Therefore, in order to create the appropriate context within which to understand codependence from an intergenerational view, it is first helpful to review the relevant constructs from Bowen's Family Systems Theory (FST).

The literature on codependence itself is also examined. On the basis of the convergence of several definitions, and intergenerational systems theory, a comprehensive definition was developed. It is within this theoretical framework and on the basis of this operational definition that appropriate instruments for empirically assessing codependence were chosen.

## Bowen's Family Systems Theory

Several intergenerational, multigenerational, or transgenerational systems perspectives, in which there a common understanding of families across the generations of

family evolution, have been utilized in understanding the nature of dysfunctional processes and symptoms (e.g., addiction) within the family system (Boszormenyi-Nagy and Spark, 1973; Bowen, 1978; Framo, 1981; Paul & Paul, 1981; Williamson, 1981). Bowen's intergenerational theory (Bowen, 1978; Kerr & Bowen, 1987) as applied to addictions and the family system will be used to explore the nature of the family of origin characteristics and current relationship dynamics involved in codependence.

FST rests on several basic premises: 1) relational patterns are learned and passed down across the generations; 2) current individual and family behavior is a result of these patterns; and 3) a homeostatic view of the family system (Bray & Williamson, 1987). As such the family is viewed as a set of inter-related parts wherein a change in one part of the system affects the rest of the system. The primary aim is achieving a balance of individuality of each member with the togetherness of the family system as a whole; the ultimate stability of the system is the goal, even as it grows and changes to adapt to the changing needs of the individuals over their lifespan.

While Bowen's theory is elegant and expansive, several key FST concepts which seem appropriately applicable to codependence include: the emotional system, individuation or differentiation of self, fusion, the intergenerational

transmission process, and interlocking triangles.

**The Emotional System**

Each member of the system exists as an individual, but is integrally connected with the other members of his/her family. In FST, the foundation of this connection is the emotional nature of individuals and the family system. The emotional system is a basic life force that guides or drives the family's finding and obtaining of food and shelter, propagation and preservation of life, and other aspects of social relations (Kerr & Bowen, 1987).

Each individual must belong to a family emotional system in order to survive and thrive. But the individual also needs to develop enough autonomy to grow into adulthood and establish him or herself as an independent human being. The extent to which the person exists as an emotionally independent individual (more or less affected by the emotional processes in the family) is dependent upon the balance between the individual's feeling and intellectual systems, as well as the level of differentiation he/she has been able to achieve from the family emotional system, and his/her skills for coping with life (Kerr & Bowen, 1987).

**Differentiation of Self**

Differentiation of self or individuation (the opposite of which is fusion) refers to two processes that occur within people and in the individual's relationships with

other people. These processes operate on two parallel continua, including and both an inter- and an intra-personal aspect. Inter-personally, the level of differentiation is the person's ability to see oneself as separate and autonomous; and to discriminate between thoughts and emotions. It is the ability of the individual to respect one's own judgement as adequate basis for action, and take full responsibility for these actions (Bowen, 1978; Kerr & Bowen, 1987).

Intra-personally, differentiation or individuation refers to the degree to which a person operates in an autonomous manner-- especially in the presence of high anxiety. "A differentiated person is able to function optimally around important others without feeling responsible for them, controlled by them, or impaired by them" (Bray & Williamson, 1987, p.3). A well differentiated family system promotes the equitable health and growth of its members. Such a system also allows the experience of healthy intimacy which is defined as "voluntary closeness with distinct boundaries to self (differentiation) ....and composed of four components: trust, love-fondness, self-disclosure, and commitment (Bray, Williamson, & Malone, 1984a, p.3).

Codependence in emotional systems is often described in terms of the inability of family members to identify and

express feelings. In addition, clinicians working with codependency and dysfunctional families point out the apparent difficulty their clients have in establishing intimacy in relationships, as well as a balance between self-control, and being controlled by or controlling others (e.g., Woititz, 1985).

**Fusion**

The opposite pole from differentiation of self is fusion. This concept refers to how emotionally "stuck together" persons are in relationships. "People who have a high level of fusion do not have a clear sense of self as individuals, (operate from more 'emotionally reactive') basis , are more likely to develop symptoms in the face of stress" (Bray & Williamson, 1987, p. 3). The level of fusion reflects the degree of unresolved emotional attachment to the parental family (Kerr & Bowen, 1987).

When seeking a mate or spouse, the individual unconsciously seeks someone at a comparable level of differentiation or fusion (Kerr & Bowen, 1987). This is one of the primary mechanisms by which the level of family of origin functioning (including level of codependence) is transmitted to each succeeding generation. Contrary to early theorizing (e.g., Whitfield, 1984), according to Bowen's theory (Bowen, 1978), it is incorrect to assume that the person with the overt dysfunction or problem (e.g.,

alcoholic or addict) is unhealthy, while his/her competent (over-functioning) spouse is the healthy one. Both spouses are likely at similar levels of differentiation (Kerr & Bowen, 1987).

This notion supports the Iceberg Model of Codependence (Friel & Friel, 1988) which suggests that both over- and under-functioning, as well as either chemical- or relationship-addiction, are manifestations of codependence. The manifestation is influenced by the social context, gender, the individual's family of origin level of differentiation, his or her family of origin role, the intergenerational history of different addictive behaviors, and the stage to which the codependence has progressed in the current system. The latter is dependent upon the system characteristics of the person to whom the first is married and the interaction of the two.

**Intergenerational Transmission Process**

The family emotional system is intergenerationally connected by virtue of an intergenerational transmission process (ITP). In this ITP, Bowen asserts (Bowen, 1978; Kerr & Bowen, 1987), there are certain emotional patterns which are repeated in times of high anxiety (e.g., over- or under-functioning, symmetrical power struggles, triangulation of children, development of symptoms). The extent to which these repetitive patterns become

dysfunctional depends on the level of differentiation/emotional fusion of the system's members.

It is through the intergenerational transmission process that the individuals develop levels of differentiation of self or fusion to family of origin that are similar to those of their parents. The patterns of coping with conflict, the discomfort with varying levels of intimacy and control, and interpersonal anxiety accompany the inherited level of differentiation. These patterns, which are learned in the family of origin (and surrounding society) include compulsive and addictive behaviors of all forms (Kerr & Bowen, 1987). This, then, becomes the theoretical basis for the intergenerational transmission of behavioral-interactional patterns which include the addictive behaviors of the identified patient (IP), as well as the complimentary enabling and compulsively over-responsible behaviors of the spouse. Thus, patterns of codependence can be seen as passed down from generation to generation via a series of interlocking triangles (see below) in the families emotional process.

**Triangles**

The triangle is basic to all processes within human systems in general, and families in particular, and has been described by many systems theorists and clinicans (e.g., Haley, 1980; Minuchin, 1974; Minuchin & Fishman, 1981).

According to Bowen (Bowen, 1978; Kerr & Bowen, 1987), the triangle consists of three individuals within a significant system. Because the dyadic relationship within a system is inherently unstable (much as is a two legged stool), the basic and most stable building block of the family and the larger society in which we live is the triangle. The triangle is not necessarily dysfunctional, but becomes so when the level of anxiety within the emotional system is too high (chronically or periodically) (Kerr & Bowen, 1987).

The anxiety in a family's intergenerational emotional system is generated when the interpersonal needs of the family members to balance intimacy and distance, and differentiation and fusion, are challenged. When anxiety in a dyadic interaction builds to the system's idiosyncratic threshold, a third member (or substance, activity, etc.) is brought into the interactional field in order to serve (like a stool's third leg) to stabilize the relationship. The third person, activity, or substance is used to bind the anxiety in the family emotional system and can be called an "anxiety binding mechanism" (Kerr & Bowen, 1987).

The likelihood of one or more members of an emotional system acting as the third leg of the stool, as the binding mechanism which stabilizes the unstable dyad, depends on the level of differentiation. In instances when the family members are not well differentiated inter- and intra-

personally, another person, activity or substance will be used as an anxiety binding mechanism. Eventually the triangle itself becomes pathological, resulting in decreased differentiation or fusion, as well as one or more of the members developing a symptom (Kerr & Bowen, 1987).

Symptoms develop as a result of increasingly high levels of interpersonal anxiety in the presence of decreasing levels of differentiation. Symptoms arise when anxiety binding mechanisms are dysfunctional and reoccur over time. These problems may develop in a child, spouse, or relationship, e.g., the marriage (Kerr & Bowen, 1987).

The patterns of individuation or fusion, anxiety binding mechanisms, and triangles may be termed dysfunctional when a symptom arises in one or more members or in a relationship. Addictions are among the variety of symptoms or manifestations of these dysfunctional triangles and anxiety binding mechanisms. The third leg of the stool, which is triangulated into an unstable interpersonal relationship, can be a substance (alcohol, heroin, pot, cocaine), another person (someone focusing on the needs and feelings of others to the exclusion of his or her own), or an activity (gambling, sexual activities, work, religious practices). A downward spiral, secondary to the unstable emotional processes within the family emotional system, begins when the triangulated focus becomes psychologically,

emotionally, physically, and/or emotionally, addictive. Thus, the variety of addictive and compulsive phenomena may be seen as manifestation of the same family emotional (disease) process of codependence (Cermak, 1986b; Friel & Friel, 1988).

**Interlocking Triangles**

FST is further elaborated by integrating the notion of triangles with the ITP. The backbone of Bowen's theory, as mentioned above, is that family emotional systems are intergenerational in nature. That is, family systems are not just nuclear families with two parents and some children, but generations of family members connected to one another by strong emotional ties conceptualized as the ITP. The anxiety within the family's emotional system is bound or managed intergenerationally by each family's idiosyncratic binding mechanisms and triangles (Kerr & Bowen, 1987).

These intergenerational or interlocking triangles usually involve a third member of a different generation. When members of a subsequent generation become participants in the family's patterns of individuation, fusion and anxiety binding in relationships, they are being initiated into the system's processes for managing anxiety. These patterns are passed on to future generations when the separating young adult seeks out a mate in order to form another nuclear family. According to FST (Kerr & Bowen,

198), individuals unconsciously seek out a partner who is at a similar level of differentiation, and who manifests complimentary relationship patterns.

**Hypotheses**

The hypotheses addressed in this investigation of codependence are driven by questions left unanswered in previous investigations (Cermak, 1986a; Mendenhall, 1989b), and by the theoretical framework as outlined above (Kerr & Bowen, 1987; Williamson, 1981, 1982).

Hypotheses #1 and 2 investigate whether or not there are significant differences between the spousal pairs within each group in terms of background variables (socioeconomic status, sibling position, incidence of compulsive/addictive behaviors, etc) as reflected in their answers on the demographic questionnaire. Current codependence theories (Friel & Friel, 1988; Subby, 1984) and FST (Kerr & Bowen, 1987) suggest that spouses and important aspects of their family of origin are not significantly different in terms of functioning and levels of differentiation. However, they do not address the similarities or differences in these other variables.

Hypothesis #1- The alcoholics' families of origin are not significantly different from those of their spouses in terms of the incidence of compulsive/addictive/abusive behaviors and other family of origin background variables (as indicated by data from a demographic questionnaire).

Hypothesis #2- The families of origin of the comparison spouses are not significantly different from each other in terms of the incidence of compulsive/addictive/abusive behaviors and other family of origin variables (as measured by the demographic questionnaire).

Hypotheses #3 and 4 reflect the position of FST regarding the similarities in families of origin of spouses in a marital dyad. Kerr & Bowen (1987) clearly state that each spouse's family dynamics were similar to those of his or her partner, and that this similarity is an unconscious basis for their decision to form their relationship. Yet, this theoretical assumption has received little empirical attention, especially within this population (Bray & Williamson, 1987). A similar position has been recently explored within the addiction field regarding codependent relationships (Friel & Friel, 1988). Yet, there has been no empirical research exploring the subject (Cermak, 1986a).

Hypothesis #3- Alcoholics and their spouses do not differ significantly in their perceptions of their families of origin (e.g., perceived levels of triangulation, fusion, intimacy).

Hypothesis #4- Comparison spouses do not differ significantly from each other in their perceptions of their families of origin (e.g., perceived levels of triangulation, fusion, intimacy).

Hypotheses #5 and 6 address issues similar to those in the previous two, but this time, in the current dyadic relationship. FST (Kerr & Bowen, 1987) and the Friels' (1988) Iceberg Model of Codependence (see Chapter 2) suggest that couples in a relationship may differ in many

superficial respects, but that these differences are only various manifestations the same underlying functioning. If so, the spouses in a marital dyad, whether overtly dysfunctional (alcoholic couples) or "normal" (comparison couples) should report similar perceptions of their relationship functioning.

Hypothesis #5- Alcoholics and their spouses do not differ significantly in their perceptions of their current dyadic relationship (e.g., perceived levels of triangulation, fusion, intimacy, and amount of personal authority).

Hypothesis #6- Comparison spouses do not differ significantly in their perceptions of their current dyadic relationship (e.g., perceived levels of triangulation, fusion, intimacy, and amount of personal authority).

Hypothesis #7, consistent with the literature on alcoholic families (e.g., Black, 1981; Black, Bucky, & Wilder-Padilla, 1986; Woititz, 1983), suggests that there are differences in the family of origin experiences of children of alcoholics and children of non-alcoholics. Some research has been conducted in this area, but very little which includes an analysis of similarities and differences in both spouses' families (Prest & Storm, 1988).

Hypothesis #7- The alcoholic and comparison groups are significantly different in their perceptions of their family of origin relationships (e.g., perceived levels of triangulation, fusion, intimacy), with the alcoholic sample IPs' and spouses' perceptions reflecting significantly more dysfunction than those in the comparison group.

Hypothesis #8 addresses the presumed differences between the clinical and comparison groups in terms of

family of origin and spousal dysfunction. Theories of, and empirical research with, family alcoholism (e.g., Steinglass, et al., 1979; Steinglass, 1981; Liepman, Nirenberg, Doolittle, Begin, Broffman, & Babich, 1989) clearly support the notion of increased dysfunction in the former. However, there has been no such research conducted within this theoretical framework (FST) testing these constructs. This analysis was attempted in order to clarify the differences between the clinical and comparison samples.

Hypothesis #8- There are significant differences between the alcoholic group and the comparison group in their perceptions of their current dyadic relationship (e.g., perceived levels of triangulation, fusion, intimacy, and amount of personal authority), with the alcoholic sample reflecting significantly more dysfunction than the comparison group.

Hypotheses #9 and 10 investigate the level of codependence within and between groups. FST (Kerr & Bowen, 1987) and some codependence theories (e.g., Friel & Friel, 1988) suggest that spouses within groups will be similar, but that there will be between-groups differences. In other words, people who grow up in dysfunctional families (e.g., alcoholic families), are more likely to form codependent relationships than those who grew up in a more functional family.

Hypothesis #9- There are no significant differences between spouses within either group in the reported levels of codependence (as measured by the Codependency Inventory).

Hypothesis #10- There are no significant differences between clinical and comparison groups in the reported levels of codependence (as measured by the Codependency Inventory).

Hypotheses #11 and 12 investigate the theoretical assumptions of a strong relationship between family of origin and spousal factors, and the level of codependence. FST (Kerr & Bowen, 1987) and Friels' (1988) Iceberg Model of Codependence predicts a positive correlation between family of origin functioning, dyadic functioning, and the subsequent level of codependence.

Hypothesis #11- Within both groups, there are no strong, significant relationships between family of origin constructs (levels of triangulation, fusion, intimacy, differentiation), the level of codependence.

Hypothesis #12- Within both groups, there are no strong, significant relationships between current relationship constructs (levels of triangulation, fusion, intimacy, differentiation, personal authority), and the level of codependence.

## REVIEW OF THE LITERATURE

### Codependence Literature

This study attempts to develop clarity with respect to the nature of codependence in order to determine if it is, as has been often suggested in the clinical literature (Friel & Friel, 1988; Hollis, 1985; Whitfield, 1984), a distinct phenomenon. In order to do this, however, it is first necessary to review the codependence literature, with particular emphasis on the various conceptualizations which have emerged, including the variety of definitions and characteristics of codependence. On the basis of this review, an operational definition can generated, and subsequently fit with theoretically congruent assessment techniques.

### Conceptualizing Codependence

Codependence is a particular phenomenon which has received much attention in recent years. This attention has developed primarily out of clinical experiences. However, as is common with every newly identified phenomenon, clinicians have struggled with the development of a comprehensive, but useful, definition (Gierymski & Williams, 1986).

#### Codependence Related to Alcoholism

The concept of codependence grew out of early work with

alcoholics. Once it became clear that alcohol abuse and alcoholism affected more than just the identified patient, researchers and clinicians began investigating the experience of family members. Subsequently it was realized that, not only were spouses and other intimates affected by the abuse of the alcohol, they somehow contributed to the patterns. Specifically, the involvement of the spouses in the patterns of alcoholism were investigated (Whitfield, 1984). The spouse's enabling behaviors (attempts to help which ultimately aren't helpful and are often controlling by nature and intent) were identified. In addition, family roles and rules were conceptualized in order to understand the alcoholic family experience and process (Wegscheider, 1981). Out of these experiences the first definitions of, and ideas about, codependence were developed.

The initial constructions related to codependence identified it as a personality construct which developed as a result of long term exposure to the alcoholism of a significant other. For example, Whitfield (1984) identified co-alcoholism (codependence) as a "normal response to an abnormal situation" (p. 56), in which the individual spouse often became dysfunctional. He depicted it as a reaction in a spouse "to the long term deleterious effects of life with an alcoholic", and as chronic and progressive in nature (p. 56). The spouse and other family members were viewed as

having become trapped in a vicious pattern of enabling behaviors, which help perpetuate the cycle and, in fact, become a part of the problem (Whitfield, 1984).

Several prominent authors have maintained this focus. Cermak (1986b), for example, built his ideas around chemical dependency as the primary etiological factor. His conceptualization was influenced by the guidelines of the Diagnostic and Statistical Manual (DSM) of psychiatric diagnoses. Cermak used the individualistic terms of a Personality Disorder with the intent to legitimize and standardize the conceptualization of codependency by inclusion in the next edition of this manual. His definition is as follows:

> Codependence is a recognizable pattern of personality traits, predictably found within most members of chemically dependent families, which are capable of creating a sufficient dysfunction to warrant the diagnosis of Mixed Personality Disorder as outlined in DSM-III (p. 1).

Cermak's further elaboration identifies diagnostic criteria for the "Co-dependent Personality Disorder", which include: an investment of self-esteem in the ability to control both oneself and others; over-responsibility for meeting other's needs to the exclusion of one's own; anxiety and boundary distortions around intimacy and separation; enmeshment in dysfunctional relationships; and, three or more of a variety of other traits (Cermak, 1986b, p. 11).

This comprehensive and detailed view of codependence is very helpful, indicating a need to focus on intra-psychic and interpersonal levels. Yet the theoretical context of the DSM-III (Denton, 1990) implies a focus on the former, and therefore seems incongruent with a systemic perspective. In addition to this problem, there are other difficulties with Cermak's (1986a) frame for codependence. He has constricted the potential for addressing and empirically researching the underlying etiological commonalities; has not gone beyond this position to empirically test the utility of the definition; and (as he already pointed out, 1986b), to speak of codependence as a personality construct is misleading in terms of the systemic and interactional nature of its etiology and manifestations. Cermak stated that it is better to discuss codependence as a cluster of relationship dynamics between people which manifest the underlying difficulties or dysfunctions, viewing codependence as rooted in a dysfunctional interactional context.

Wright and Wright (1989) conducted an empirical investigation of the "alcoholism-related" conceptualization of a codependent (defined as a person in a serious heterosexual relationship with an alcohol- or drug-abusing partner). The authors attempted to assess the personal relationships of 41 codependent women and 19 codependent

men, comparing them with 37 women and 30 men from a "normal" sample. This study is described in more detail in Chapter 3, however the major findings include the following. Codependent women were found to indicate: higher levels of relationship stress, higher levels of codependence (as reflected by scores on a codependence inventory), that their relationships were lacking in positive emotional expression, and wanting to control their partners more than non-codependent women. Codependent men were more likely than "normal" men to indicate: higher levels of stress in their relationships, higher levels of codependence (again, reflected by higher scores on the codependence inventory), low levels of security with their partners, and strong concern for controlling their partners.

While this study validated some important aspects of clinical ideas about codependence, it failed to examine the relationship characteristics from the spouse's point of view, nor did it develop a meaningful theoretical framework to explain the intergenerational and relationship aspects of codependence. As will be illustrated below, there is a growing body of clinical literature on codependence which suggests that these points need to be considered in an empirical investigation of this phenomenon.

**Systemic Considerations**

While continuing an intrapsychic focus in which

alcoholism was viewed as the primary (or sole) dysfunction which gives rise to codependence, Wegscheider (1981) early on hinted at the systemic nature of the construct. She defined codependents as "all people who are in a love or marriage relationship with an alcoholic, have one or more alcoholic parents or grandparents or grew up in an alcoholic family" (p.24). While explicitly maintaining an intrapersonal focus on a disease process within the individual, Wegscheider's definition implicitly began to develop the important role played by family of origin experiences in the development of codependency. In addition, while focusing on the effects of the alcoholic on the spouse and other family members (e.g., children), this conceptualization of codependence laid the foundation for retrospectively analyzing the family of origin experiences of adults who develop alcohol abuse or alcoholism, drug abuse or addiction, and other dysfunctions.

Similarly, Greenleaf (1984) made distinctions between the experiences of spouses and those of children in alcoholic homes. According to Greenleaf, spouses are most often "co-alcoholic", responding to alcoholic behavior by assisting in "maintaining social and economic equilibrium" (p.6). The spouse (as in the definitions of Whitfield and Wegscheider-Cruse) responds to the alcoholic behavior with over responsibility. Additionally, children were defined by

Greenleaf (1984) as "para-alcoholics", becoming "like" the alcoholic as they learn behaviors from the parents.

According to Greenleaf (1984), the etiology of co-alcoholic behavior is different from para-alcoholics on the basis of volition and mobility. The children are trapped within the family and have no other choice than to assimilate within the alcoholic context; whereas spouses are presumably "free" to make other choices or to leave. Despite this distinction, Greenleaf also depicted (codependency) as a "reaction" and a reaction only in response to an alcoholic. Also, he defined (codependency) in the spouse as a present-tense reaction, even though the "co-alcoholic" may have grown up in an alcoholic family and already have been a "para-alcoholic" prior to the marriage (Cermak, 1986).

What, then, is the connection between the child, as a "para-alcoholic", becoming a "co-alcoholic" as an adult? While Greenleaf's distinction is an important one because it describes the etiology and the experience of codependency in children as potentially different from the adults in the family, it is at this point that it seems to break down. Rather than being qualitatively different, it might be that the para-alcoholism and co-alcoholism of the children and adults respectively have the same underlying etiology- a dysfunctional intergenerational system of emotional and

behavioral patterns. As is suggested by Whitfield (1989), "while we can become codependent anytime in our lives, most of us learn it from birth" (p.23). In fact, some clinical and empirical research suggests this is the case (e.g., Friel & Friel, 1986; Glenn & Parsons, 1989; Prest & Storm, 1988; Subby, 1984; Woodside, 1983).

It is likely that the symptoms representing the "para-alcoholism" of the children are a response to the present alcoholism in one or more parents. The "co-alcoholism" of the adults most likely has its etiology in the adults' family of origin history, being a response to dysfunction in the intergenerational family system. In that event, the co-alcoholism of the parent(s) is a grown child's (family of origin) para-alcoholism exacerbated by the current alcoholism or other dysfunction.

### Codependence in Other Populations

Although the above descriptions of codependence suggest that it arises primarily out of an alcoholic context, others suggest that codependence is generated within other systems as well. Hollis (1985), for example, discussed the nature of codependence in compulsive overeaters' relationships and identified the same types of enabling behaviors, the focus on the identified patient, and the emotional and psychological effects on family members, as described by the alcoholism authors.

Peele and Brodsky (1975) suggested that (codependence) is a widespread social phenomenon, one which can be found in all kinds of "love" relationships, with or without an obvious addiction to a substance. Schaef (1986) echoed this view, advocating that codependence is a part of a larger "addictive process" (p.21) which is inherent in our social system. She viewed this addictive process as a disease process, which includes issues experienced by compulsive drinkers, compulsive eaters, workaholics, those "addicted" to abusive relationships, and other addictive and compulsive people.

Even those who acknowledge that a variety of dysfunctional family experiences foster codependence continue to focus on chemical dependence as the primary etiological factor. For example, Potter-Efron and Potter-Efron (1989) addressed the confusion around the many definitions of codependence, recognizing that there are nearly as many definitions of codependence as there are authors who have written about it. In doing so, however, they did not address the literature outside the alcoholism field. Instead, they suggested that a specific, limited definition of the concept is important in order to provide a blueprint for later expansion and adaptation for explanation of other, similar situations.

Consequently, they focus only on the alcoholic system:

> A codependent is an individual who has been significantly affected in specific ways by current or past involvement in an alcoholic, chemically dependent or other long-term, stressful family environment. Specific effects include: a) fear; b) shame/guilt; c) prolonged despair; d) anger; e) denial; f) rigidity; g) impaired identity development; and h) confusion (p. 39).

For the purposes of this study, a similarly narrow focus will be maintained. However, this is only to develop the Potter-Efrons' blueprint, and not failing to acknowledge the literature which suggests there is codependence in other populations.

**A Primary Condition**

The literature which addresses the incidence of codependence in other populations raises questions similar to those raised in the above discussion regarding addiction; whether codependence is a primary or secondary phenomenon in family systems. Which comes first?-- the dysfunctional system, the addiction, or the codependence? Does the alcoholic (or bulimic or compulsive overeater, etc) create codependence in the spouse? Or do underlying family of origin and other system issues generate different manifestations of codependence in each of those involved?

As has been stated above, some argue that codependence is primary, others that addictive behaviors are primary, and still others that codependence and other addictions are "cousins". The early writers about codependence addressed it as a secondary phenomenon developing in the spouse within

a contemporary alcoholic context. Subsequent clinically-based books and articles began to describe codependence as a primary condition (or disease) with its etiology in the family of origin experiences of the codependent person. Wegscheider (1984) altered her original definition to describe codependence as a primary disease within every member of an alcoholic family. This disease is an adaptive response to a "sick family system" (p.2) that seeks to protect and enable the alcoholic. Whitfield (1989) stated that "we learn to be codependent from others around us...in this sense it is a contagious or acquired illness" (p.22).

Subby (1984) acknowledged previously having defined codependency "only as a reactive and compulsive pattern of those family members who were struggling to separate themselves from the emotional pain that accompanies their living with a practicing alcoholic" (p.26). However, he later defined codependence as a condition which exists long before a person's experience with active alcoholism and as:

> an emotional, psychological, and behavioral condition that develops as a result of an individual's prolonged exposure to, and practice of, a set of oppressive rules-- rules which prevent the open expression of feelings as well as the direct discussion of personal and interpersonal problems (p.26).

Subby (1984) stated that alcoholism is just <u>one</u> of the many possible unhealthy realities which codependence might foster. In other words, codependence is conceptualized by

some as the disease which yields addictive and compulsive behaviors, rather than the other way around. This is consistent with the views of Schaef (1986) and Peele & Brodsky (1975) as discussed above. In addition, the acknowledgement of the fact that codependence can exist prior to a relationship with an alcoholic is supported by the implications of Greenleaf's (1984) co-alcoholic/para-alcoholic distinction. However, beyond pointing to its etiology within the family of origin, Subby and the others do not fully address the systemic, intergenerational nature of codependence.

**An Intergenerational View**

Many professionals currently writing about codependence work primarily in the chemical dependency field (e.g., Friel & Friel, 1988; Subby, 1984; Wegscheider, 1981, 1984; Whitfield, 1984, 1989). They also have in common a view of the etiology of codependence which primarily emphasizes either the family of origin or current family interactional context, or both. However, the relationship between the family of origin experiences and current codependent functioning has rarely been empirically investigated.

Prest & Storm (1988) conducted one of the few empirical studies (see also, Friel, 1985 & 1986 as described in Chapter 3) on codependence. The study explored some of the intergenerational and interactional aspects of codependence,

as well as the etiological commonalities among two different dysfunctions. The authors requested the participation of 10 compulsive overeaters (all female) and 10 alcoholics (8 male and two female) and their spouses (N=40). The former were solicited in Overeaters Anonymous meetings; the latter in Alcoholics Anonymous meetings. The couples were from middle income and had high school or higher educational levels.

In this study, the couples were interviewed, using a structured interview questionnaire, about both their families of origin and dyadic relationships. The authors found that the origin of the spouses' dysfunctional patterns of relating and their compulsive/addictive behaviors predated the marital relationships. The interactional patterns (including poor communication and conflict resolution skills, and difficulty with intimacy, control, and sharing of feelings) were traced back to the families of origin. For example, 90% of all subjects (identified patients and spouses alike) reported "not seeing constructive resolution and safe sharing of feelings" in the families in which they grew up (p. 345).

The self-report, retrospective study also supported the clinical literature by identifying significant enabling behaviors of the spouses. The majority compulsive eaters' and drinkers' spouses reported engaging in a variety of enabling behaviors, ranging from "hiding the substance" (50%

of each), "consuming less overall in order to set an example" (70% and 80%, respectively), to "talking" (80% of each) or "fighting" about the behaviors (50% and 60%, respectively), (p. 347). In addition, 80% of the spouses of the IPs were frequently reportedd to be engaged in compulsive behaviors of their own (p. 344).

Prior to this study both compulsive eating and drinking were typically conceptualized primarily in terms of the experiences of individuals reacting to present tense experiences, even though relationships were involved. Codependency had described the characteristics and the experiences of the spouse; and addiction, those of the IP. The alcoholic or compulsive eater was described as experiencing a range of feelings and acting in certain ways (Black, 1981; Hooker & Convisser, 1983). This was also true for the codependent (Hollis, 1985; Whitfield, 1984). But the two were separated, functionally and in terms of etiology.

While this initial study was an important first step, it lacked several important features. The study was not developed within a meaningful theoretical framework, nor did it include an operational definition on the basis of which empirical data could be systematically gathered. The authors also did not utilize a previously developed and tested measure of codependence. The study did not utilize a

control group and used a relatively small sample, thus limiting the authors' ability to address the question of whether or not codependence is a "universal" phenomenon. Lastly, the study did not empirically explore the relationship between family of origin factors, spousal factors, and the level of codependence.

Addressing these issues is central to the task of understanding the intergenerational and relationship characteristics of codependence. Cermak's (1986) conceptualization of codependence maintained a focus on chemical dependence and the intrapsychic processes. But, similar to Prest & Storm (1988), he also supported the view that (alcoholics) IP's and family members share common characteristics. And although he made a primary distinction between chemical dependence and codependence, Cermak asserted that chemical dependence and codependence overlap. "While it is probably rash to say that all chemical dependents are also codependent, we can safely assume that active codependence is at least as common among chemical dependents as it is among their family members" (Cermak, 1986; p.30). It may be that chemical dependence is a result of self-medication of the underlying codependence, which is in turn generated out of the family of origin context. In addition, it may be dysfunctional processes like chemical dependence which perpetuate the development of codependence

in other family members and succeeding generations.

Congruently, Subby (1984) and Prest & Storm (1988) suggest it is important to conceptualize both codependence and various compulsive behaviors in terms of family of origin history and relationships, as well as present experiences; not either/or, but both/and. This is a logical and consistent conclusion of conceptualizing spouses as having brought with them to the marriage, dysfunctional rules, patterns of interaction and methods of coping (Kerr, 1981; Kerr & bowen, 1987).

Looking toward the "future of codependence", Cermak (1986a) suggested that we must view it not as a simple concept, but one which is more complex than most psychological concepts. The complexity, he stated, "arises from the fact that codependence simultaneously refers both to intrapsychic and to inter-personal dynamics" (p.102). Thus, it seems that an operational definition must be based on a conceptualization of codependence as due to both family of origin and current system dysfunction. The definition must also consider that codependence is manifested both intra-personally and interactionally.

**A Primary, Systemic Condition**

Friel and Friel (1988) provide an avenue for the shift to a more comprehensive perspective. In addition to viewing codependence as arising from family of origin abuse/neglect,

their Iceberg Model (Friel, 1985; Friel & Friel, 1988) conceptualizes codependence as a condition which mediates between surface symptoms (of chemical dependency, eating/food disorders, depression, relationship addiction, stress disorders and compulsions) and the underlying guilt, shame and fear of abandonment which develops in people who live in dysfunctional families and a dysfunctional society. Similar to Cermak (1986), they view the surface symptoms as a response to emotional pain, including as attempts to medicate negative feelings.

Viewing codependency in terms of intrapsychic experience created and sustained by an interactional context, it then becomes a "disease of relationship" (Friel & Friel, 1988), or a systemic disease. In defining codependence as such, the whole pie should not be confused with one slice, however. Norwood (1985) discussed codependence as a "disease of relationship" in her book "women who love too much", portraying the woman as codependent and the man as abusive. In addition to being another narrow view of codependence, this account fails to capture the common foundation which yields manifestations of codependence in both spouses, regardless of sex. Haaken (1990) has criticized the construct of codependence on the grounds that it pathologizes what are gendered characteristics commonly socialized in women in our society.

However, the Friel model purports to go beyond the constraints of gender by examining patterns on the entire continuum of behavior.

The Friels' model eliminates the confusion produced by the dichotomous thinking involved in suggesting that women are necessarily more likely than men to be socialized codependent. They address the dysfunction in either too much ("love", use of substances, particular behaviors) or too little (rigidity, perfectionism). They include the presence of victim, offender, abuser, and rescuer behaviors as all unhealthy, whether the perpetrator is male or female. Thus, the Iceberg Model examines the length and severity of indicators as indicative of the degree of dysfunction.

The Friels' Iceberg Model unites diverse clinical and research experiences and is supported by Whitfield's most recent conceptualization of codependence. He stated that codependence is "the base out of which all our addictions and compulsions emerge...(which lies underneath) nearly every addiction and compulsion" (1989: p.23).

Is, then, codependence (nearly) universal? What distinguishes codependency in one person from codependence in another? What is the relationship between codependence and compulsive/addictive behavior? This research hopes to begin addressing these important questions.

**An Operational Definition.** In order to conduct empirical research it is necessary to establish an operational definition of codependence. The following definition is based on constructs from Bowen's (Bowen, 1978; Kerr & Bowen, 1987) intergenerational Family Systems Theory (FST) and includes both intrapsychic and interactional components:

> Codependence represents dysfunctional relationship patterns which are primarily rooted in the intergenerational family emotional system. These patterns include: poor communication and conflict resolution; anxiety binding mechanisms in the form of triangulation, fusion, compulsive or addictive behaviors, control, and lack of awareness of feelings while focusing externally (on another person, activity, or substance); a lack of intergenerational individuation; difficulty with interpersonal intimacy; and diminished personal authority.

The individuals in a codependent system identify feelings of anxiety, fear, guilt, anger, shame and depression, with which they have difficulty coping. A secondary addiction may develop, becoming the presenting problem. However after treatment of the addiction, the codependency issues will remain to be addressed.

This broad definition is necessary in order to account for the wide range of people who experience the symptoms associated with this syndrome, the variety of families of origin from which they come, the recognition that the IP and spouses both suffer from difficulties, and both the

intrapsychic and interactional qualities of the codependent system. This definition is similar to the one suggested by Friel and Friel (1988) upon which their Iceberg Model is based. Friel and Friel advocated that codependency be defined as subsuming a host of manifestations or symptoms, including those of the "relationship addicted" spouse which were typically the only experiences labeled codependent. However, the operational definition developed in this paper, unlike the Friels', lays the foundation for research into the fundamental intergenerational processes.

### Characteristics of Codependence

Given this construction of the term codependence, and assuming that codependence is a characteristic of the family system (Subby & Friel, 1984), what are the accompanying characteristics as manifested in relationships? The following is a compilation characteristics of codependence from various sources. (Following each of the characteristics, and where applicable, the related FST construct is listed in parentheses): Difficulty identifying and expressing feelings (personal authority); difficulty in forming or maintaining close relationships, including fear of being overwhelmed and/or rejected (personal authority, intimacy, fusion); perfectionistic standards for self and others (personal authority); rigid attitudes and behaviors, for example, problems adjusting to change; feelings of over-

responsibility for others' feelings or behaviors (fusion); heightened need for approval from others (fusion); difficulty making decisions (personal authority; individuation); feelings of powerlessness over own life (personal authority); basic sense of shame and low self-esteem (Subby & Friel, 1984: p.4).

Friel & Friel (1988) add: an inability to care for self well (personal authority); mood swings from "too nice" to angry and abusive; chemical, substance, physical and/or emotional abuses (fusion). They state that the manifestations of codependence vary "depending upon one's role in their family of origin, and upon the stage of codependency one is in" (p. 156).

According to Subby & Friel (1984), these characteristics are generated within systems which operate according to dysfunctional relationship rules, including: 1) It's not okay to talk about problems (individuation, fusion); 2) Feelings are not expressed openly (individuation, fusion); 3) Communication is indirect (triangulation, personal authority); 4) Be strong, good, right, perfect; 5) Don't be selfish (fusion); 6) Do as I say...not as I do; 7) It's not okay to play; 8) Don't rock the boat (p. 6-12). These characteristics, rules and underlying theoretical constructs will be the focus of the subsequent empirical investigations.

# CHAPTER III

## METHODOLOGY

An exhaustive assessment and research process based on the Intergenerational Family Systems Model and the operational definition proposed for codependence must ultimately include an investigation of the wide variety of clinical populations currently being identified as codependent. "Insider" and "outsider" perspectives on the family of origin and nuclear family system, as well as the social and cultural contexts are necessary. Accomplishing all of these is outside the scope of this study, however. But initial steps toward systematically gathering empirical data on the nature of codependence may be taken.

This study involved the assessment of the relationship between intergenerational and spousal relationship characteristics, and the level of codependence within two different samples. Subjects from a clinical and a comparison group were assessed regarding their perspectives on various aspects of family of origin and/or current relationship functioning, including: levels of triangulation, fusion, intimacy, personal authority, and intimidation, as well as the incidence of compulsive or addictive behaviors. These variables were assessed between and within groups, as well as in terms of their relationship with perceived levels of codependence.

**Sample**

The sample consisted of two groups of couples, 30 in each. Purposive methods, including snowball sampling, were employed in obtaining the sample.

Couples in Group A (alcoholic group) were those in which the IP was involved in the after care process connected with one of two local inpatient substance abuse treatment centers in Southwest Virginia. Those inpatients whose spouses were willing to participate were involved in the study. Minimally, the alcoholics had completed a 1 month in-patient treatment program and were at some point in their recovery, thus attending after-care or Alcoholics Anonymous meetings.

Couples in the comparison group, Group B, were solicited through snowball sampling. The screening criteria for both members of the comparison group couples were that, like the clinical group each person would be Caucasian, age 30-50, married, and have one or more children. Unlike the clinical group, however, each comparison group participant needed to report an absence of alcoholism, drug addiction, or severe emotional, physical or sexual abuse in the current generation and families of origin of either spouse. In addition, neither of the spouses in the comparison group were to ever have taken part in educational or therapy sessions related to codependence. Prior to actually

particapating in the study, the prospective participants were screened according to the criteria.

The two groups were matched on race, marital status, age, educational level, family income, and sex by pairing the identified patient in the clinical group with a person of the same sex within the comparison group. Subjects who were in their third, fourth or fifth decade of life were selected for both groups because these decades are the period in the life span for which the independent variables as measured by the primary instrument to be used (see below) are most relevant (Bray, Williamson, & Malone, 1984a).

The couples were told that the study was investigating particular aspects of couples' relationships, and that they would be contributing information valuable in helping others with their relationships. Clinical couples were told that the information from the assessments could be valuable information used in planning the treatment of the family relationships of other alcoholics. Couples were told that those who participated and returned the consent form (Appendix A), including their name and address, would be eligible for a drawing for a $100 "prize".

**Procedure**

There were two phases to the study. The first phase consisted of conducting a quantitative investigation of the entire sample. Comparisons were made within and between

groups on the basis of data gathered from both self-report instruments. The second phase was a follow-up, qualitative study which focused on questions raised by the initial investigation.

**Phase I**

The identified patient (IP) and his or her spouse (S) were approached at the beginning or end of a regularly scheduled after-care or Alcoholics Anonymous meeting, and asked to participate. The comparison group participants were approached in a similar fashion. However, some of these were contacted first by telephone.

The general nature of the research project was discussed (as previously mentioned). The couples were assured of anonymity or, if they were interested in hearing more about the study or learning of the results of the inventories, they were requested to indicate accordingly on the consent form (Appendix A). In the event that they wanted to be contacted about the results or were interested in being involved in a follow-up interview for Phase II of the study, they were assured of the confidentiality of their participation and their responses.

Each couple was given a packet including one consent form, and two sets of the self-report instruments and the demographic questionnaire. Counter-balancing the order of

administration of the instruments within both groups was designed to help to control the bias effect.

## Phase II

### Rationale for a Qualitative Component

While there is a tremendous amount of clinically-based, anecdotal, literature on codependence, none of it has been gathered in a systematic manner. In addition, there is no literature which presents a detailed analysis of the "stories" of these clients. There is a lack of empirical studies which have presented information gathered from a comparison group regarding their perceptions of family of origin and/or current relationship functioning as related to codependence. Consequently, studies which have attempted to compare clinical and comparison group perceptions are lacking. Finally, there are no studies were found which have collected both quantitative and qualitative data from the same clients, obtaining breadth and depth in perspectives on codependence. The data gathered during Phase II complement both the quantitative data and clinical impressions.

All of the couples in the study, in both clinical and comparison groups, were asked to sign a consent-for-participation/statement-of- confidentiality form. On this form, they were to indicate if they would like to

participate in a follow-up interview. Of those who indicated a willingness to participate further, the three couples whose combined scores on the Friel Codependence Inventory were the highest and three whose scores were the lowest, as well as the three couples in which the husband's and wife's scores were most different from each other, were contacted and interview appopintments were established. They were subsequently interviewed for approximately 1 1/2 hour regarding their "story" (see Results) related to the content of the Phase I instruments which they had previously filled out.

The Friel Inventory scores were the basis for the choice of whom to interview because it is this instrument which is designed to measure codependence. Interviews with the "high" and "low" couples were intended to gather information which elaborated the differences between "levels" of codependence in couples. The information provided by couples who indicated similar (low or high) and dissimilar levels of codependence were compared and contrasted in order to more clearly understand the nature of each couple's codependence (e.g., what types of experiences and perceptions are connected with various levels of codependence?). The interviews were organized around seven research questions (Appendix A) regarding family of origin and current dyadic relationship experiences.

After the interview, the couples were briefed more thoroughly regarding the nature of the study; any questions they had pertaining to the nature of the study, or the results of their questionnaires, were answered. Seven phase I participant couples who were interested results and the follow-up interview, but whose scores did not meet the Phase II criteria, were telephoned and any questions were answered. Similarly, five participant couples desiring only to hear feedback regarding the nature of the study and their answers were contacted and given the information over the telephone.

**Instruments**

The scope of instruments presently available for the assessment of both codependency and intergenerational relationships is very limited. However, two were found to have adequate reliability, validity and utility for the present study: 1) the Friel Codependency Assessment Inventory (Friel, 1985; Friel & Friel, 1988); 2) the Personal Authority in the Family System (PAFS) Questionnaire (Bray, Williamson, & Malone, 1984b).

A short demographic questionnaire was also included which included questions about the current nuclear family and family of origin characteristics, sibling position, socioeconomic status (see below).

**The Friel Co-Dependency Assessment Inventory**

This 60 item, true-false, self-administered questionnaire (Appendix A) grew out of John and Linda Friel's clinical work with adult children of alcoholics and other codependents (Friel, 1985; Friel & Friel, 1988). This self-report instrument was designed as a research tool and clinical instrument for measuring codependency. The instrument asks questions of the respondent regarding the two time periods in question, the family of origin (five items) and present-tense experiences (55 items) (Friel, 1985).

The Inventory covers the following areas of co-dependent concerns: self care, self criticism, secrets, stuckness, boundary issues, family of origin, feelings identification, intimacy, physical health, autonomy, over-responsibility, and identity (Friel, 1985). Specifically, questions are asked about feelings awareness (four items); attitudes toward communication and expression of feelings (10 items); conflict resolution skills (eight items); self-care (18 items); control (six items); and satisfaction with relationships (six items) (Friel, 1985).

Friel's assessment instrument is easily administered (10-15 minutes) and scored. The scoring of the Inventory involves first reversing all odd-numbered items, then

summing odd and even items for a total score. The total score is the sum of all items answered "true". According to the author, scores from 10-20, indicate mild; 21-30, mild to moderate; 31-45, moderate to severe; and over 45, severe codependency (Friel, 1985).

The Inventory is in the early stages of its development, yet it has demonstrated its utility as an index of codependence (Friel, 1985; Wright & Wright, 1989). In addition, its face and content validity appear to be good. Initial reliability figures using KR-20 were in the range of 0.83 to 0.85 on fairly homogenous samples with a somewhat restricted range (Friel, 1987) The Inventory has been examined for face and content validity, and has been determined to be congruent with the Iceberg Model of Codependency (Friel & Friel, 1988), as well as distinguishing between comparison groups and "significant others" (both male and female) from dysfunctional families (Friel, 1987; Wright & Wright, 1989).

The Friel Co-Dependency Assessment Inventory has been used empirically to investigate the nature of the relationship between addictive lifestyles and health. In one study, 216 "significant others" of patients in a treatment program took the Inventory. Of the subjects involved, 94 were male and 122 were female and ranged in age from 12 to 79. The groups' average score was 31, indicating

the moderate to severe range of codependence. The authors concluded that this was consistent with their theoretical explanation of codependence as well as their clinical experience in working with the families involved (Friel & Friel, 1986). The study also yielded data which indicated a strong relationship between Inventory score and the presence of stress-related disorders (including muscle tension, tension headaches, sore jaws/teeth grinding, ulcers, and asthma). The authors were "convinced that stress-related disorders and co-dependency go hand in hand" (Friel & Friel, 1986, p.14).

A second study utilizing the Friel Inventory (Wright & Wright, 1989) involved comparing 60 clinically diagnosed codependent men and women with 67 male and female controls. The codependents were those who were involved in a serious heterosexual relationship with an alcohol- or drug-abusing partner. The results of this study indicated that both male and female "codependents" were discriminated from controls on the basis of scores on the Co-Dependency Inventory.

During a review of the literature, only one other codependence assessment instrument was found (Hollis, 1985) and it was designed specifically to assess the codependence of spouses of eating disordered clients. Since the focus of the instrument was too narrow, and it did not tap the family of origin and interactional nature of the construct

sufficiently, Hollis' instrument was not an appropriate choice for use in this study.

**Personal Authority in the Family System Questionnaire**

The Personal Authority in the Family System Questionnaire (PAFS-Q; Appendix B) is a self-report instrument developed to assess important elements of the three-generational family system (Bray, Williamson, & Malone, 1984a, 1984b). The PAFS-Q operationalizes components of the intergenerational family systems theories of Bowen (1978), Boszormenyi-Nagy and Ulrich (1981), and Williamson (1981, 1982) into scales for use in research and clinical practice. Individuals provide self-report information on their relationships with family members in both the nuclear family (including dyadic relationship) and family of origin. There are three versions of the PAFS-Q. The one being used in this study is Version A, for adults with children.

Personal Authority in the Family System (PAFS) is conceptualized as a life cycle stage. It is viewed simultaneously as an individual and as a systemic, bio-psycho-social, developmental task for both individual adults and their families. The task is typically negotiated during the fourth and fifth decades of life (Bray, Williamson, & Malone, 1984b).

PAFS is operationally defined "as a pattern of

abilities to do the following: 1) to order and direct one's thoughts and opinions; 2) to choose to express or not to express one's thoughts and opinions regardless of social pressures; 3) to make and respect one's personal judgments, to the point of regarding these as justification for action; 4) to take responsibility for the totality of one's experience in life; 5) to initiate or to receive (or decline to receive) intimacy voluntarily, in conjunction with the ability to establish clear boundaries to the self-- at will; 6) to experience and relate to all other persons without exception, including "former parents", as peers in the experience of being human (Williamson, 1982).

**Key PAFS Concepts**

The key concepts underlying PAFS include: individuation, fusion, triangulation, intimacy, isolation, personal authority, and intergenerational intimidation (Williamson, Bray & Malone, 1984b). The first four of these constructs were defined above (chapter 2). Isolation is viewed as the opposite pole on a continuum with intimacy. PAFS is "offered as a synthesizing construct in the inherent tension between differentiation and intimacy, as this occurs in the biological family and is then re-created in other significant personal relationships. PAFS is on a continuum with personal authority at one pole and intergenerational intimidation at the other...PAFS implies the behavioral

patterns characteristic of an integrated and differentiated self...(and) can be observed behaviorally through the resolution of relational intimacy issues...and includes reconnection and belongingness to the family of origin, (while remaining differentiated)" (Bray, Williamson, & Malone, 1984b, p.3).

Similar to the operational definition of codependence presented in this paper, "PAFS is not viewed as a personality construct, but rather a set of interpersonal skills, interactional behavior patterns, and a way of being that can be observed in family interactions and other significant relationships" (Bray, Williamson, & Malone, 1984; p. 3). Also congruent with this definition, the PAFS-Q contains many of the theoretical constructs of the intergenerational theory which informs the present re-conceptualization of codependence and this empirical investigation.

**Instrument Development**

The instrument was developed by drawing on clinical experience and relevant literature and designed to measure the interactional aspects of key intergenerational constructs. The development of the original scales of the PAFS-Q and the process of establishing reliability and validity are described in detail elsewhere (Bray, Williamson, & Malone; 1984a, 1989). The final version of

the PAFS-Q (Version A) contains 132 items grouped into the following eight non-overlapping scales:

1. Spousal Fusion/Individuation (SPFUS): The degree to which a person operates in a fused or individuated manner in relationship with the mate or significant other;

2. Intergenerational Fusion/Individuation (INFUS): The degree to which a person operates in a fused or individuated manner with parents;

3. Spousal Intimacy (SPINT): The degree of intimacy and satisfaction with mate or significant other;

4. Intergenerational Intimacy (ININT): The degree of intimacy and satisfaction with parents;

5. Nuclear Family Triangulation (NFTRI): Measures the triangulation between spouses and their children.

6. Intergenerational Triangulation (NFTRI): Measures the triangulation between the person and his/her parents;

7. Intergenerational Intimidation (INTIM): The degree of interpersonal intimidation experienced by an individual in relation to his/her parents; and

8. Personal Authority (PerAut): Measures the interactional aspects of Personal Authority and reflects topics of conversation which require an intimate interaction with parents, while maintaining an individuated stance (Bray, Williamson, & Malone, 1984b).

All items are rated on a five-point Likert scale.

**Reliability**. The reliability of the PAFS-Q was assessed in two different studies by Bray et al. (1984a), first in a sample of 90 nonclinical volunteers. Subjects

rated their current relationships with members of their families at a two week interval. Measures of internal consistency, coefficient alpha, were calculated for each testing. At time 1 the coefficients for the scales ranged from .82 to .95, with a mean of 90. At time 2, the coefficients for the scales ranged from .80 to .95, with a mean of .89. Cronbach's alpha in a separate study (Bray, Williamson & Malone, 1986) were similar, ranging from .75 to .96. Test-retest reliability estimates were also calculated, and ranged from .55 to .95, with a mean of .74. According to Bray et al. (1989, p. 5), "all of the reliabilities except for the Intergenerational Fusion/Individuation Scale, were within an acceptable range...anecdotal evidence from subjects indicated that taking (this scale) was an intervention which produced changes in their perceptions of their parents. Thus, the low test-retest reliability probably reflects changes (in relationship functioning along these dimensions) rather than simple mood shifts".

In the second study of 400 nonclinical adults, factor analysis produced eight scales which were very similar to the eight conceptual scales. Measures of internal consistency ranged from .74 to .96 (Bray, Williamson, & Malone, 1989).

**Validity**. Content validity was evaluated by two groups: one enrolled in a course on "Transgenerational Family Therapy" and a second group of mental health professionals with training and personal therapy experience in this area. The items were re-worded, moved to another scale, or dropped on the basis of the evaluations.

Concurrent validity has been assessed by correlating individuals' responses on the PAFS-Q, the Family Adaptability and Cohesion Evaluation Scales (FACES-I; Olsen, Bell, & Portner, 1978), and the Dyadic Adjustment Scale (DAS; Spanier, 1976). Specific information regarding the relationships among these instruments is provided elsewhere (Bray, et al., 1984b). However, overall the correlations between the PAFS-Q and the Adaptation scale of the FACES-I were very low, suggesting these scales measure different phenomena. There are, however, significant correlations between the FACES-I Cohesion scale and the PAFS-Q Spousal Intimacy scale and Intergenerational Intimacy scale. This is the relationship expected since these are similar constructs (Olsen, Sprenkle, & Russell, 1979; Bray, Williamson, & Malone, 1984b).

In a separate study (Bray, et al., 1987), the Symptom Index was found to correlate significantly with most of the PAFS-Q scales. The negative correlations indicate that

fewer physical and psychosomatic symptoms and stresses correlated with more individuation, intimacy, personal authority and less intimidation and triangulation. These are all in the expected direction (Bray, et al., 1989a).

Construct validity of the PAFS-Q was evaluated by factor analysis (Bray, et al., 1984a). Individual variables comprising all of the scales were analyzed. All eight scales emerged in the series of factor analyses, with the majority of them being comprised of non-overlapping items. Overall, the PAFS-Q appears to have empirically demonstrated its utility, reliability, and validity as an instrument used to assess constructs congruent with the intergenerational family systems framework.

Since the PAFS-Q has been used to assess both clinical and non-clinical groups, the manual (Bray, Williamson, & Malone, 1989) includes norm group and clinical groups scores for comparison in subsequent studies. It has also been used in a separate study which assessed the differences between adult children of alcoholics (ACOA's) and non-ACOA's in their perceptions of intergenerational family relationships (Ecker, 1989). The PAFS-Q successfully distinguished between the two groups in terms of individuation, fusion, triangulation, spousal intimacy, intergenerational intimacy, and personal authority.

### Demographic Questionnaire

Each participant filled out a questionnaire (Appendix C) asking questions regarding age, sex, socio-economic status, years and number of marriage(s), birth order, and family of origin incidence of alcohol and other substance abuse. Identified patients (IPs) in the clinical sample were asked the number of years they have been drinking, as well as the number of times they have been in treatment.

<u>**Structured Interview**</u>

The minute semi-structured interviews (Lofland & Lofland, 1984; Taylor & Bogdan, 1984) included a series of questions regarding the spouses' perceptions of the relationship between family of origin and current relationship functioning and codependence (Appendix A). Both spouses were present during the interviews. Spouses were asked about their perceptions of their own family of origin, as well as of their spousal relationship. The precise questions to be asked were developed on the basis of the initial data analysis. The purpose of the interviews was to gather qualitative data elaborating the quantitative results.

## Data Analysis

<u>**Quantitative Analysis**</u>

The data gathered by the self-report instruments was subjected to univariate, bivariate and multivariate analyses

where appropriate. All demographic information was analyzed using descriptive statistics summarizing the characteristics of the sample as a whole and, comparatively, the three sample subgroups. This was done, in part, to determine if the groups are homogeneous apart from the criteria used to separate them for the purposes of the study.

The true-false answers of the Codependence Assessment Inventory were categorical variables measured at the nominal level. Consequently, this data was subjected to analyses using chi-square (when considered in interaction with other discrete variables) and t-tests (when considered in interaction with continuous variables). Continuous data was analyzed using inferential statistics- correlations, anovas, and multiple regression. The results of these analyses were used with caution due to the fact that the sampling method was not random. The following is a more detailed description of the analyses of data.

Hypotheses #1 & 2- Information from the demographic questionnaire provided background information from the subjects' families of origin. Chi-square was utilized to determine if there were significant differences between expected and observed frequencies with respect to background variables in the both groups. In addition, chi-square was run with regard to incidence of addictive behaviors in the families of origin of spouses within the clinical group.

Hypothesis #3 & 4- IPs' and spouses' mean scores on the PAFS intergenerational subscales were analyzed via paired t tests and/or two way anovas for differences, as well as for any interactions between spousal role and sample group.

Hypothesis #5 & 6- IPs' and spouses' mean scores on the PAFS spousal subscales were analyzed via paired t tests and/or two way anovas for differences between spouses scores.

Hypothesis #7 & 8- Anovas were run on mean PAFS subscale (intergenerational and spousal) scores to determine if there were significant differences between groups.

Hypothesis #9 & 10- Anovas were run on Codependency Assessment Inventory scores to determine if there were significant differences between spouses and/or groups in the level of codependence.

Hypothesis #11 and 12- Correlations and multiple regression equations were computed to test the strength of relationship between the PAFS subscale scores (both intergenerational and spousal) and the level of codependence as measured by the Friel Codependency Assessment Inventory. These data were analyzed in a similar fashion to determine which of the subscales (any one in particular or the intergenerational vs spousal subscales) more strongly predict level of codependence.

## Qualitative Analysis

As stated above, the qualitative data yielded by the structured interviews was utilized to provide greater depth to the results of the quantitative analysis. The interviews were videotaped for later additional analysis. This analysis included the formulation themes, patterns, interpretations, and implications (Taylor & Bogdan, 1984). As the videotapes were being viewed, themes and patterns related to the family of origin and current dyadic functioning, and the indicators of codependence, were noted. The couples' interpretation of the effects of their family of origin and current marital experiences on levels of codependence was used to elaborate on the results of the quantitative analyses.

# CHAPTER IV

# RESULTS AND DISCUSSION

The following sections present a description of the sample and comparison of the clinical and comparison groups. Subsequently the results of the analyses of both the quantitative (Phase I) and qualitative (Phase II) data will be presented. The reporting and discussion of the results will be organized by hypotheses or research questions respectively. The discussion of the qualitative data will include attempts to draw meaningful connections between the quantitative data and the qualitative interviews. These connections will be based on the themes which emerged for the investigator through the process of reviewing the videotapes. In other words, the participants' stories, as told during the interviews, will be used to provide depth and commentary on some of the quantitative data and analyses.

## Phase I Results

### Description of the Sample

Demographic questionnaires were filled out by all participants in each group. Participants were asked questions (Appendix A) regarding their age, sex, educational level, family income, number of marriages, length of current marriage, number of children, number of children in his/her

family of origin, birth order, family of origin income level, and both father's and mother's educational levels. In addition, clinical participants were asked to indicate which of their family of origin members had "a problem with drinking", and of those, with whom did they live or spend quite a bit of time. The identified patient was also asked the number of years s/he had been drinking, number of years in recovery, and lastly, the number of times in inpatient and/or outpatient alcoholism treatment. Comparison participants were not asked questions regarding personal or family of origin drinking since they had been screened according to criteria which made those questions irrelevant (see Chapter 3, Sample).

Table 1 describes the participants' characteristics. All were Caucasian, married, and between the ages of 30 and 50. In the clinical sample, 50% of the identified patients were male, and 50% were female. The two samples were matched by pairing the alcoholic in the clinical group with a participant from the comparison group according to race, gender (as a result, the comparison group, and consequently the entire sample, was 50% male and 50% female), age, family income and educational level.

## Clinical and Comparison Group Differences

A series of analyses were run in order to examine the descriptive nature of the sample and the differences between

sample groups. Few significant differences would be expected because of the use of the matching criteria. Congruently, using analysis of variance it was found that the two groups did not differ significantly (Table 1) in terms of age (Clinical X= 40.01, Comparison X= 40.13; F{1}= 0.01, p= 0.92), family income (Clinical X= 4.97, Comparison X= 5.00; F{1}= 0.01, p= 0.94), numberof children (Clinical X= 2.61, Comparison X= 2.53; F{1}= 0.09, p= 0.77), family of origin income (Clinical X= 2.98, Comparison X= 3.00; F{1}= 0.00, p= 0.95) or number of children in either spouse's family of origin (Clinical, X= 3.23, Comparison, X= 3.36; F{1}= 0.27, p= 0.61). The two sample groups did differ significantly, however, with respect to number of marriages (Clinical X= 1.46, Comparison X= 1.12; F{1}= 11.56, p= 0.0009) and, consequently, length of current marriage (Clinical X= 12.23, Comparison X= 15.54; F{1}= 4.86, p= 0.03).

In a separate set of analyses, this time utilizing chi square, there were no significant differences between the two groups in terms of educational level (Chi square{5}= 10.76, p= 0.06). In addition, there were no reported differences in mother's educational level (Chi square{5}= 4.13, p =0.53) or father's educational level (Chi square{4}=7.46, p= 0.11). Lastly, there were no significant differences between the two groups in terms of participant's

**Table 1**

**Description and Comparison of Participants by Group: Means and Standard Deviations**

| | Clinical (n= 60) | | Comparison (n= 60) | | |
|---|---|---|---|---|---|
| | **M** | **SD** | **M** | **SD** | **F Ratio** |
| **Age (1)** | 39.99 | 0.87 | 40.15 | 0.88 | 0.02 |
| **Number of Marriages** | 1.46 | 0.07 | 1.12 | 0.07 | 11.56** |
| **Length of Marriage** | 12.22 | 1.11 | 15.50 | 1.13 | 4.29* |
| **Family Income (2)** | 4.97 | 0.32 | 5.00 | 0.32 | 0.01 |
| **Number of Children** | 2.61 | 0.19 | 2.52 | 0.19 | 0.09 |
| **FOO Income (3)** | 2.98 | 0.23 | 3.00 | 0.23 | 0.00 |
| **FOO Children (4)** | 3.23 | 0.17 | 3.36 | 0.18 | 0.27 |

**Note**.
1. Age reported in years
2. Income Categories: 1= 0-10,000; 2= 11,000-20,000; 3= 21,000-30,000; 4= 31,000-40,000; 5= 41,000-50,000; 6= 51,000-60,000; 7= 61,000-70,000; 8= 71,000-80,000; 9= 81,000-90,000; 10= 91,000-100,000; 11= over 100,000
3. Family of origin income
4. Number of children in family of origin

* $p < .05$
** $p < .001$

birth order (Chi square{5}=4.28, p= 0.51. Having described the two sample groups and then discussed the similarities and differences between them in terms of background variables, the previously proposed hypotheses and subsequent data analyses are presented below.

## Hypotheses and Data Analyses

### Hypothesis #1

The alcoholics' families of origin will not be significantly different from those of their spouses in terms of the incidence of alcoholic behaviors and other background variables.

While recent codependence theory and Bowen's FST suggest similarities in functioning between spouses, these theories do not address the similarities or differences in these other background variables. In order to determine the degree of homogeneity within the two samples, i.e., between husbands and wives, a series of analyses were run on the data yielded by the demographic questionnaire. The results largely revealed no significant differences between the husbands and wives within the clinical group and are reported below.

Clinical Group Comparisons: Alcoholics versus Spouses. Clinical group alcoholics and their spouses were not significantly different (Table 2) when analysis of variance considered differences between group means in terms of age (Alcoholics, $\bar{X}$= 40.90, Spouses, $\bar{X}$= 39.09; F{2}= 0.01,

p= 0.93), number of marriages (Alcoholics $\bar{X}$= 1.46, Spouses $\bar{X}$= 1.46; F{2}= 0.77, p= 0.38), number of children in their families of origin (Alcoholics $\bar{X}$= 3.38, Spouses $\bar{X}$= 3.08; F{2}= 0.20, p= 0.65), or family of origin income (Alcoholics $\bar{X}$= 3.1, Spouses $\bar{X}$= 2.9; F{1}= 0.13, p= 0.72). The spouses within the clinical group also did not differ significantly in terms of expected versus observed frequencies when analyzed via chi square on: educational level (Chi square{10}= 3.99, p= 0.95), father's educational level (Chi square{12}= 6.40, p= 0.89),
mother's educational level (Chi square{16}= 14.21, p= 0.58) or on birth order (Chi square{4}= 2.65, p= 0.62).

The spouses in the clinical group were not significantly different in reporting problems with drinking in their brother(s) (Chi square{1}=1.15, p= 0.28), sister(s) (Chi square{1}= 0.11, p= 0.73), grandfather(s) (Chi square{1}= 2.86, p= 0.09), or grandmother(s) (Chi square{1}= 4.30, p= 0.11). As a result, the null hypothesis relative to all of the above demographic variables may not be rejected. Clinical spouses differed, however, in one area (Appendix B, Table 1). Alcoholics were significantly more likely than their spouses to report that their mother (Chi square{1}= 3.77, p= 0.05), and/or their father (Chi square{1}= 4.80, p= 0.03), "had a problem with drinking".

This difference is contrary to results found in

previous research investigating the nature of the relationships between spouses in "alcoholic" marriages and the characteristics of those involved (e.g., Prest & Storm, 1988). For example, Prest & Storm (1988) reported finding no significant differences between clinical husbands and wives in the incidence of "compulsive drinking" in family of origin members. As in the current study, the finding of no significant differences was based on the self-report perspectives of the spouses in looking retrospectively at the behaviors of their family of origin members.

Perhaps the difference is, in part, due to the fact that the earlier study gathered the information in a structured interview format which involved both husband and wife. The presence of the recovering alcoholic may have influenced how the spouse responded. While in the present study, the questionnaires were filled out separately. In addition, in the previous study, 80% of the spouses were female (as opposed to 50% in the present study). Female spouses of male alcoholics are significantly more likely than male spouses of female alcoholics to report that their mother "had a problem with drinking" (Chi square{1}= 3.72, p= 0.05). Perhaps the significant difference between percentage of female spouses in the samples may contribute to the differences in reports of parents' difficulties with

alcoholism. If so, this may suggest that females who marry alcoholics are more likely than males who marry alcoholics to have grown up in an "alcoholic" environment.

Another gender difference which emerged was found by analyzing the difference between observed and expected reports among alcoholics of family members for whom drinking has been a problem. Female alcoholics are significantly more likely than male alcoholics to report that their sister(s) have had difficulty with drinking (Chi square{2}=6.86, p= 0.03). Male alcoholics, on the other hand, were significantly more likely than their female counterparts to report that their grandfather(s) had experienced similar problems (Chi square{2}=6.36, p= 0.04). These results, while preliminary and proceeding from analyses of a relatively (although acceptable) sample size, suggest the important intergenerational and gender-linked modeling of compulsive and addictive behaviors, and are consistent with previous research (e.g., Prest & Storm, 1988).

**Hypothesis #2**

The families of origin of the comparison spouses will not be significantly different from each other in terms of background variables.

Comparison Group Comparisons: Husbands versus Wives. Similar to the analysis of variance for the clinical group, comparison group spouses were not significantly different

(Table 2) in terms of age (Husbands $\bar{X}$= 41.17 and wives $\bar{X}$= 39.13; F{2}= 0.01, p= 0.93), number of marriages (Husbands $\bar{X}$= 1.14, wives $\bar{X}$= 1.10; F{2}= 0.04, p= 0.84), family of origin income (Husbands X= 3.37, Wives X= 2.63; F{1}= 2.69), or number of children in their families of origin (Husbands $\bar{X}$= 3.40, wives $\bar{X}$= 3.32; F{2}= 0.20, p= 0.65). In addition, a chi square analysis of expected versus observed frequencies revealed no significant differences with respect to educational level (Chi square{5}= 8.67, p= 0.12), father's educational level (Chi square{9}= 8.81, p= 0.45), mother's educational level (Chi square{8}= 13.33, p= 0.10), or birth order (Chi square{5}= 9.95, p= 0.08).

Hypotheses #3 and 4 direct the investigation of the position of Bowen's FST (Kerr & Bowen, 1987) and recent codependence theories (Friel & Friel, 1988; Subby, 1984) regarding the similarities in families of origin of spouses in a marital dyad. Presumably each spouse's family dynamics were similar to those of his or her partner, with this similarity forming part of the (unconscious) basis for their subsequent decision to form the marital relationship.

**Hypothesis #3**

Alcoholics and their spouses will not differ significantly in their perceptions of the functioning in their families of origin.

In support of Bowen's Family Systems Theory and the Iceberg Model of Codependence, there were no significant

differences between alcoholics and their spouses within the clinical group on all four of the Intergenerational subscales of the PAFS.

Clinical Group Comparisons: Alcoholic versus Spouse. According to the t-test analysis with respect to mean scores on the Intergenerational Intimacy (Alcoholic $\bar{X}$= 86.50, spouse $\bar{X}$= 84.50; t{58}= 0.44, p= 0.66), Intergenerational Individuation (Alcoholic $\bar{X}$= 26.40, spouse $\bar{X}$= 25.67; t{58}= 0.49, p= 0.63), Intergenerational Intimidation (Alcoholic $\bar{X}$= 112.07, spouse $\bar{X}$= 107.00; t{58}= 0.91, p= 0.36), and Intergenerational Triangulation (Alcoholic $\bar{X}$= 31.87, spouse $\bar{X}$= 34.27; t{58}= -0.95, p= 0.35) subscales, there were no significant differences in the perceptions of the alcoholics' and spouses' families of origin. Similarly, analysis of variance for simple effects found there were no significant differences within the clinical group according to gender (Appendix B, Table 3).

**Hypothesis #4**

Comparison spouses will not differ significantly from each other in their perceptions of their families of origin.

Comparison Group Comparisons: Husbands versus Wives. Similarly, in an analysis of variance, the main effect of gender was found to be non-significant according to the mean scores on the Intergenerational Intimacy (Husbands $\bar{X}$= 99.77, Wives $\bar{X}$= 105.26; F{1}= 0.88, p= 0.35), Individuation

(Husbands $\bar{X}$= 33.35, Wives $\bar{X}$= 32.77; $F\{1\}$= 0.24, $p$= 0.62), Intimidation (Husbands $\bar{X}$= 118.42, Wives $\bar{X}$= 117.97; $F\{1\}$= 0.24, $p$= 0.62), and Triangulation (Husbands $X$= 32.58, Wives $\bar{X}$= 40.32; $F\{1\}$= 1.24, $p$= 0.27) subscales, there were no significant differences in husbands' and wives' perceptions of their families of origin.

Hypotheses 3 & 4 very strongly support many of the main premises of Bowen's FST related to the intergenerational transmission of emotional processes and their behavioral manifestations (Kerr & Bowen, 1987). On every one of the intergenerational dimensions of the PAFS, which is based directly on Bowen's FST, there were no differences between the spouses in either group. These findings support the idea that people who marry come from backgrounds which are very similar to each other in terms of the members' abilities to discriminate between thoughts and feelings, take responsibility for him/herself, and operate in an autonomous manner, while remaining able to voluntarily initiate intimacy with significant others (Bray & Williamson, 1987).

Bowen's Family Systems Theory (Kerr & Bowen, 1987), suggests that because important aspects of their families of origin are not significantly different in processes mentioned above, that people are attracted to and pair up with others at similar levels of differentiation. While the

overt manifestation of the underlying functioning may differ, the basic issues are not significantly different. Consequently, the implications of Bowen's FST for intergenerational family relationships also apply to current dyadic relationships, nuclear family functioning, and the person's overall level of functioning as measured by the remaining PAFS subscales. Hypotheses 5 and 6, congruent with the above theories, indicate that spouses within each group are similar in these respects.

**Hypothesis #5**

Alcoholics and their spouses will not differ significantly in their perceptions of their current dyadic relationship.

Clinical Group Comparisons: Alcoholic versus Spouse. The results of a t-test again supported the theoretical framework as discussed above by yielding no significant differences between alcoholics and their spouses on three of the remaining four PAFS scales. According to the mean scores on the Spousal Intimacy (Alcoholic $\bar{X}$= 41.03, Spouse $\bar{X}$= 42.93; $t\{58\}$= -0.91, $p$= 0.36), Nuclear Family Triangulation (Alcoholic $\bar{X}$= 34.93, Spouse $\bar{X}$= 34.27; $t\{58\}$= 0.42, $p$= 0.67), and Personal Authority (Alcoholic $\bar{X}$= 41.40, Spouse $\bar{X}$= 40.97; $t\{58\}$= 0.23, $p$= 0.82) subscales, there were no significant differences in the alcoholics' and spouses' perceptions of their current family and individual functioning. Similarly, there were no significant

differences within the clinical group according to gender when analysis of variance for simple effects was considered (Tables 3 & 4). However, a comparison of scores on the Spousal Individuation subscale indicated a significant difference between alcoholics ($\bar{X}$= 65.70) and spouses ($\bar{X}$= 61.70; t{58}= 2.26, p= 0.03).

Subsequently, in order to control for the possibility for dependence between alcoholics' and their spouses' scores and to explore possible within group differences further, the more discriminating paired "t" test was run. This analysis revealed similar findings. According to the mean scores on the Spousal Intimacy (Alcoholic $\bar{X}$= 41.03, Spouse $\bar{X}$= 42.93; t{1}= -1.62, p= 0.12), Nuclear Family Triangulation (Alcoholic $\bar{X}$= 34.93, Spouse $\bar{X}$= 34.27; t{1}= 0.59, p= 0.56), and Personal Authority (Alcoholic X= 41.40, Spouse $\bar{X}$= 40.97; t{1}= 0.22, p= 0.83) subscales, there were no significant differences in the alcoholics' and spouses' perceptions of their current family and individual functioning (Table 5).

However, on the Spousal Individuation subscale, a significant difference was again found between alcoholics ($\bar{X}$= 65.70) and their spouses ($\bar{X}$= 61.70; t{1}= 2.62, p= 0.01) with alcoholics reporting to be more individuated within the context of the spousal relationship than the spouse. This finding supports the position of some early writers in the

**Table 3**

**Analysis of Variance Summaries: Current PAFS Dimensions by Group and Sex**

| Variable | df | SS | MS | F | F prob |
|---|---|---|---|---|---|
| **Spousal Intimacy** | | | | | |
| Group | 1 | 1797.52 | 1797.52 | 31.97 | 0.00 |
| Sex | 1 | 2.37 | 2.37 | 0.04 | 0.84 |
| Group x Sex | 1 | 31.78 | 31.78 | 0.57 | 0.45 |
| Error | 116 | 6634.99 | 56.23 | | |
| **Spousal Individuation** | | | | | |
| Group | 1 | 1596.31 | 1596.31 | 25.30 | 0.00 |
| Sex | 1 | 41.50 | 41.50 | 0.66 | 0.42 |
| Group X Sex | 1 | 41.50 | 41.50 | 0.66 | 0.42 |
| Error | 116 | 7446.68 | 63.11 | | |
| **Nuclear Triangulation** | | | | | |
| Group | 1 | 1180.66 | 1180.66 | 40.14 | 0.00 |
| Sex | 1 | 2.72 | 2.72 | 0.09 | 0.76 |
| Group X Sex | 1 | 46.46 | 46.46 | 1.58 | 0.21 |
| Error | 116 | 3470.62 | 29.41 | | |
| **Personal Authority** | | | | | |
| Group | 1 | 775.30 | 775.30 | 12.98 | 0.00 |
| Sex | 1 | 12.21 | 12.21 | 0.20 | 0.65 |
| Group X Sex | 1 | 78.11 | 78.11 | 1.31 | 0.26 |
| Error | 116 | 7046.49 | 59.72 | | |

**Table 4**

**Clinical Group Current Dimensions of PAFS: Gender Differences**

| | Husbands (n= 30) | | Wives (n= 30) | | |
|---|---|---|---|---|---|
| | **M** | **SD** | **M** | **SD** | **F Ratio** |
| **Spousal Intimacy** | 41.00 | 1.40 | 42.82 | 1.40 | 0.24 |
| **Spousal Individuation** | 65.72 | 1.44 | 61.86 | 1.44 | 4.17* |
| **Nuclear Triangulation** | 35.09 | 0.97 | 34.32 | 0.97 | 0.90 |
| **Personal Authority** | 41.45 | 1.42 | 40.87 | 1.42 | 0.02 |

**Note.**
PAFS Scales Range of Possible Scores
Spousal Intimacy= 11-55; Spousal Individuation= 20-100;
Nuclear Triangulation= 10-50; Personal Authority= 18-63
* $p < .05$

**Table 5**

**Paired t Tests of Clinical Group PAFS Scores by Role: Current Subscales**

| | Alcoholics | Spouses | Mean Diff | SE Diff | t Value |
|---|---|---|---|---|---|
| **Spousal Intimacy** | 41.03 | 42.93 | -1.90 | 1.17 | -1.62 |
| **Spousal Individ** | 65.70 | 61.70 | 4.00 | 1.53 | 2.62* |
| **Nuclear Trian** | 34.93 | 34.27 | 0.67 | 1.13 | 0.59 |
| **Personal Authority** | 41.40 | 40.97 | 0.43 | 1.99 | 0.22 |

**Note.**
PAFS Scales Range of Possible Scores
Spousal Intimacy= 11-55; Spousal Individuation= 20-100;
Nuclear Triangulation= 10-50; Personal Authority= 18-63

p= .01

field of alcoholism (Whitfield, 1984) and codependence (Wegscheider, 1981) who asserted that the alcoholic operates more independently, while the spouse becomes "wrapped up" in trying to control the chaos which results from the alcoholic's uncontrolled behaviors. However, it contradicts Bowen's FST which states that an individual will seek out and marry someone else who is at a comparable level of individuation.

In addition to the above results, there were no findings of significant differences based on gender within the clinical group on the current PAFS subscales (Appendix B, Table 6). In their entirety, these results suggest that, there are very few differences within this group in terms of perceptions of nuclear family and individual functioning. These findings suggest support for Bowen's Family Systems Theory and the Iceberg Model of Codependence which both assert that, despite varying behavioral or personality manifestations, spouses are similar in underlying dynamics and patterns of interaction.

Bowen's theory applies not only to clinical, but also to "non-clinical" populations. Consequently, it was hypothesized that such similarities would also be found within the control group.

**Hypothesis #6**

Control spouses do not differ significantly in their perceptions of their current dyadic relationship.

Control Group Comparisons: Husbands versus Wives. The results of the control group data again supported the theoretical framework by yielding no significant differences between spouses on any of the remaining four PAFS scales. In an analysis of variance of the spouses' scores on the Spousal Intimacy (Husbands $\bar{X}$= 49.29, Wives $\bar{X}$= 50.03; F{1}= 0.57, p= 0.45), Spousal Individuation (Husbands $\bar{X}$= 70.94, Wives $\bar{X}$= 70.94; F{1}= 0.66, p= 0.42), Nuclear Family Triangulation (Husbands $\bar{X}$= 40.35, Wives $\bar{X}$= 41.29; F{1}= 1.58, p= 0.21), and Personal Authority (Husbands $\bar{X}$= 45.74, Wives $\bar{X}$= 46.71; F{1}= 1.13, p= 0.26) subscales, there were no significant differences in husbands' and wives' perceptions of their current nuclear family, dyadic relationship, and individual functioning. Not being able to reject the null hypothesis indirectly suggests support for the theoretical assertion that spouses are likely to be at similar levels of differentiation, experience comparable levels of personal authority within the intergenerational emotional system, and perceive family dynamics in a similar manner.

Again, the more discriminating paired "t" test was run in order to control for the possibility for dependence

between husbands' and wives' mean scores while exploring for these within group differences. This analysis again revealed no significant differences between husbands' and wives' scores any of the four spousal subscales of the PAFS (Appendix B, Table 5). According to the Spousal Intimacy (Husbands $\bar{X}$= 49.20, Wives $\bar{X}$= 49.90; t{1}= -1.08, p= .29), Nuclear Family Triangulation (Husbands $\bar{X}$= 40.50, Wives $\bar{X}$= 40.47; t{1}= 2.28, p= 0.98), and Personal Authority (Husbands $\bar{X}$= 45.80, Wives $\bar{X}$= 46.37; t{1}= -0.42, p= 0.68) subscales, there were no significant differences in the mean scores reflecting alcoholics' and spouses' perceptions of their current family and individual functioning.

Consequently, with the exception of the Spousal Individuation subscale within the clinical group, the results of the data analysis related to Hypotheses 5 & 6 demonstrate strong support for Bowen's FST, this time in terms of current family functioning. Examining the results of the data analyses related to Hypotheses 3-6, there is, as a result, overwhelming support for Family Systems Theory as operationalized and measured by the PAFS.

According to previous preliminary research, there are differences in the family of origin experiences of children of alcoholics and children of non-alcoholics (e.g., Black, 1981; Black, Bucky, & Wilder-Padilla, 1986). The following two hypotheses were proposed to investigate presence or

absence of such differences between the present clinical and comparison groups.

**Hypothesis #7**

The clinical and comparison groups will not differ significantly in their perceptions of the dimensions of their family of origin relationships.

Overall, the data analyses in this area indicate that it is appropriate to reject the null hypothesis regarding between group differences (Table 6). The data suggest that there are significant differences between the two sample groups, with comparison group participants (both husbands and wives) scoring higher on the majority of the PAFS intergenerational subscales than clinical participants.

Clinical Versus Comparison Group Comparisons. According to the mean scores on the Intergenerational Intimacy (Clinical $\bar{X}$= 85.50, Comparison $\bar{X}$= 102.52; F{1}= 37.37, p  0.0001), Intergenerational Individuation (Clinical $\bar{X}$= 26.03, Comparison $\bar{X}$= 33.06; F{1}= 52.51, p= 0.0001), and Intergenerational Intimidation (Clinical $\bar{X}$= 109.53, Comparison $\bar{X}$= 118.19; F{1}= 7.47, p= 0.007) subscales, there were highly significant differences in the clinical and comparison group participants' perceptions of their families of origin (Tables 6 & 7). The only intergenerational subscale on which there were no significant differences between the two Triangulation (Clinical X= 31.77, Comparison

**Table 6**

**Analysis of Variance Summaries: Intergenerational PAFS Dimensions by Group and Sex**

| Variable | df | SS | MS | F | F prob |
|---|---|---|---|---|---|
| | | **Intergenerational Intimacy** | | | |
| **Group** | 1 | 8828.86 | 8828.86 | 37.37 | 0.00 |
| **Sex** | 1 | 252.08 | 252.08 | 1.07 | 0.30 |
| **Group X Sex** | 1 | 207.49 | 207.49 | 0.88 | 0.35 |
| **Error** | 116 | 27877.29 | 236.25 | | |
| | | **Intergenerational Individuation** | | | |
| **Group** | 1 | 1507.44 | 1507.44 | 52.51 | 0.00 |
| **Sex** | 1 | 34.07 | 34.07 | 1.19 | 0.27 |
| **Group X Sex** | 1 | 6.92 | 6.92 | 0.24 | 0.62 |
| **Error** | 116 | 3387.18 | 28.70 | | |
| | | **Intergenerational Triangulation** | | | |
| **Group** | 1 | 349.37 | 349.37 | 1.84 | 0.18 |
| **Sex** | 1 | 753.47 | 753.47 | 3.98 | 0.05 |
| **Group X Sex** | 1 | 234.12 | 234.12 | 1.24 | 0.27 |
| **Error** | 116 | 22361.46 | 189.50 | | |
| | | **Intergenerational Intimidation** | | | |
| **Group** | 1 | 2286.87 | 2286.87 | 7.47 | 0.007 |
| **Sex** | 1 | 37.40 | 37.40 | 0.12 | 0.73 |
| **Group X Sex** | 1 | 74.12 | 74.12 | 0.24 | 0.62 |
| **Error** | 116 | 36124.78 | 306.14 | | |

**Table 7**

**Intergenerational Dimensions of PAFS by Group**

| | Clinical (n= 60) | | Comparison (n= 60) | | |
|---|---|---|---|---|---|
| | **M** | **SD** | **M** | **SD** | **F Ratio** |
| **Int. Intimacy** | 85.67 | 2.03 | 102.23 | 2.06 | 32.68*** |
| **Int. Individuation** | 26.11 | 0.69 | 33.11 | 0.70 | 51.15*** |
| **Int. Triangulation** | 33.05 | 1.76 | 35.39 | 1.79 | 0.86 |
| **Int. Intimidation** | 109.62 | 2.30 | 118.19 | 2.40 | 6.70* |

**Note.**
PAFS Scales Possible Ranges
Intergenerational Intimacy= 25-125; Intergenerational Individuation= 8-40; Intergenerational Triangulation= 11-55; Intergenerational Intimidation= 29-145
* $p < .05$
*** $p < .0001$

$\bar{X}$= 34.33; F{1}= 2.79, p= 0.10). There were, however, overall gender differences on this scale. These results are discussed below.

Bray, Williamson & Malone (1984a) report that, in their initial studies developing the PAFS, the "Spousal Intimacy, Intergenerational Individuation, and Intergenerational Intimacy scales had correlations of above .30 with a Social Desirability scale, indicating that people tend to answer these scales in a manner that is perceived as socially desirable... these correlations should be considered in interpreting these scales" (p. 6). However, there is no reason to assume that the comparison population in this study should be significantly more concerned with social desirability than the clinical population. Since this study is comparing two groups with each other rather than one group with norm or cutoff scores, they may be expected to reliably reflect relative health in functioning. Clearly, these data and subsequent analyses are consistent with the previous clinical and empirical distinctions made between alcoholic and non-alcoholic families, supporting that there are lower levels of intimacy and individuation, as well as higher levels of intimidation in the families of origin of this clinical population. For example, the work done by Kaufman and Kaufman (1979), as well as by Stanton and Todd, et al. (1982), state that there is a significantly higher

level of negative emotional involvement of addicts and alcoholics than non-addicted people with their families of origin. Kaufman (1985) subsequently characterized the intergenerational family relationships of alcoholics variably as "functional, neurotic/enmeshed, disintegrated, or absent". The present author's findings of significantly lower levels (mean scores) of intimacy suggest Kaufman's quality of disintegration, while the higher level of intimidation generally support the notion of the alcoholic systems as neurotic/enmeshed. However, the individual family members describe a level of variability which spreads across Kaufman's spectrum of family types (see Phase II report).

Hypothesis #8 addressed the presumed differences between the clinical and comparison groups in terms of dyadic relationship dysfunction. The family alcoholism literature which has investigated couples' relationships suggests that there is increased dysfunction in the spousal relationships of the clinical population (Liepman, et al., 1989; Steinglass, et al., 1979).

**Hypothesis #8**

There will be no significant differences between the clinical and comparison groups in their perceptions of the dimensions of their current dyadic relationships.

The results of the data analyses in this area suggest that it is reasonable to reject the null hypothesis of no

**Table 8**

**Nuclear Family Dimensions of PAFS by Group**

| | Clinical (n= 60) | | Comparison (n= 60) | | |
|---|---|---|---|---|---|
| | M | SD | M | SD | F Ratio |
| Spousal Intimacy | 41.91 | 0.99 | 49.51 | 1.00 | 28.94*** |
| Spousal Individuation | 63.79 | 1.01 | 70.59 | 1.04 | 21.78*** |
| Nuclear Triangulation | 34.70 | 0.69 | 40.98 | 0.70 | 40.73*** |
| Personal Authority | 41.16 | 1.00 | 45.85 | 1.02 | 10.69** |

Note.
PAFS Scales Range of Possible Scores
Spousal Intimacy= 11-55; Spousal Individuation= 20-100;
Nuclear Triangulation= 10-50; Personal Authority= 18-63
** $p < .01$
*** $p < .0001$

differences between the two sample groups (Table 3 & 8).

Clinical Versus Comparison Group Comparisons. Based on an ANOVA with respect to the mean scores on the Spousal Intimacy (Clinical $\bar{X}$= 41.98, Comparison $\bar{X}$= 49.66; $F\{1\}$= 31.97, $p$= 0.0001), Spousal Individuation (Clinical $\bar{X}$= 63.7, Comparison $\bar{X}$= 70.94; $F\{1\}$= 25.30, $p$ 0.0001), Nuclear Family Triangulation (Clinical $\bar{X}$= 34.60, Comparison $\bar{X}$= 40.82; $F\{1\}$= 40.14, $p$= 0.0001), and Personal Authority (Clinical $\bar{X}$= 41.18, Comparison $\bar{X}$= 46.22; $F\{1\}$= 12.98, $p$= 0.0005) subscales, there were highly significant differences in clinical and comparison group members' perceptions of their families of origin. There were no gender differences on these subscales (Table 3).

As referenced above, Bray, Williamson & Malone (1984a) reported that, in their initial studies developing the PAFS, the Spousal Intimacy (among others), scale had a correlation of above .30 with a Social Desirability scale, indicating that people tend to answer this scale asocially desirable manner, and that this should be considered in interpreting the scale. However, there is again no reason to assume that the comparison population in this study should be significantly more concerned with social desirability than the clinical population.

These data provide support for results of previous

empirical studies of the relationships of alcoholics in which significant differences were found between self-reports of alcoholic and non-alcoholic couples regarding their relationship functioning (Stanton & Todd, 1982). Liepman, et al., (1989) found that alcoholic couples who were assessed in terms of their relationship functioning in "wet" (periods of drinking) versus "dry" (periods of abstinence) phases, scored higher (in terms of level of functioning) during the latter. The authors used a seven-subscale measure of family functioning. Comparisons of the obtained scores with established cutoff scores revealed that the couples' scores in both phases fell in the "unhealthy" range. Extrapolating from the Liepman et al. study, then, it may be inferred that the alcoholic couples in this study, all in the "dry" phase, may differ even more from the comparison group if the instruments had been filled out during the "wet" phase.

As previously discussed in Chapters 1 and 2, current codependence theories assert that not only is the spouse in an "alcoholic" marriage codependent, but so is the alcoholic (Friel & Friel, 1988; Subby, 1984). These clinical experts working in the area of alcoholism and codependence suggest that once the alcoholism has been treated there remain an identifiable cluster of "codependency" issues to be addressed which are very similar to those in other members

of the dysfunctional system (e.g., Subby, 1984). Yet, this assertion has not received any empirical attention. Hypothesis #9 investigates the level of codependence within each group in order to test this clinical position.

**Hypothesis #9**

There will be no significant difference between spouses within either group in the level of codependence.

The Friel Codependence Inventory (Friel, 1985) is in the early stages of development. The reliability data are only preliminary, but analysis using KR-20 (0.83 to 0.85) in studies including fairly homogenous samples have suggested a high level of internal consistency (Friel, 1987). The answers on the Friel Inventory of each of the 120 participants from from the current study were used as data to conduct further analysis of the reliability of this instrument. Chronbach's alpha, which for dichotomously scored items as on the Friel Inventory is synonymous with KR-20 (Ary, Jacobs & Razavieh, 1985), was 0.90, suggesting a high level of internal homogeneity or consistency. Given that this group has been shown (see above) to be quite heterogenous in terms of family of origin and current relationship functioning, this estimate seems to support the reliability of the Inventory.

Clinical Group Comparisons: Husbands versus Wives. Since a separate analysis (Appendix B, Table 6) had

suggested that there were no *overall* differences (regardless of group) between males' and females' reported level of codependence (Males X= 25.54, Females X= 28.28; F{1}=2.13, p= 0.15), a similar test within the clinical group seemed warranted. No significant differences were found between clinical group husbands ($\bar{X}$= 31.23) and wives ($\bar{X}$= 33.66; F{1}=0.03, p= 0.87) on their perceptions of the level of codependence (Table 9; Appendix B, Table 7). This finding was upheld by using the more robust paired t test (Clinical husbands $\bar{X}$= 32.37, Clinical Wives $\bar{X}$= 32.53; Mean difference= -0.17, SE Difference= 2.02; t= -0.08, p= 0.93), (Table 10).

In addition to the above analyses, chi square investigated whether clinical group males or females were significantly more likely than expected to score in any one of the suggested categories of codependence (Friel, 1985). The categories are 0-20 (mild), 21-30 (mild to moderate), 31-45 (moderate to severe), and 45-60 (severe). Similar numbers of clinical group males and females scored in the four categories (Appendix B, Table 8). The majority of both males (22/73%) and females (18/60%) scored in the moderate or moderate/severe categories on the codependence scale. Consequently, the null hypothesis may not be rejected, providing indirect support for the homogeneity of spouses in the clinical group with respect to level of codependence.

**Table 9**

**Analysis of Variance Summaries: Codependence by Group and Sex**

| Variable | df | SS | MS | F | F prob |
|---|---|---|---|---|---|
| Group | 1 | 3742.72 | 3742.72 | 34.67 | 0.00 |
| Sex | 1 | 230.41 | 230.41 | 2.13 | 0.15 |
| Group X Sex | 1 | 3.04 | 3.04 | 0.03 | 0.88 |
| Error | 117 | 12736.41 | 107.94 | | |

Clinical Group Comparisons: Alcoholics versus Spouses. Further analysis of variance of differences between means within the clinical group, this time between alcoholics ($\bar{X}$= 32.34) and their spouses ($\bar{X}$= 32.74; F{1}= 2.11, p= 0.15), reveals that there were again no significant differences between mean scores (Appendix B, Table 9). In consideration of the theoretical position that there may be reciprocal influences between spouses' codependency scores, a paired t-test was run. The codependency scores of alcoholics and their spouses were paired, and a t-test analyzed the resulting difference scores (Table 10). Again the differences were not significant (Alcoholics $\bar{X}$= 32.17, Spouses $\bar{X}$= 32.57; t= -0.20, p= 0.85). The associated correlation coefficient suggests a high degree of association between the spouses' scores (r= 0.66). These findings support the notion that alcoholics and their spouses are similarly codependent; that as previously stated, once in recovery the alcoholic (likely an adult child of an alcoholic him or her self), has codependence issues which are unresolved (Subby, 1984).

Because the question has been raised (e.g., Haaken, 1990) concerning the label of "codependence" and its pathologizing of the gendered roles of women (see below for more detail), further chi-square analysis was run in order to explore potential gender differences within the clinical

group. However, no significant differences were found in the number of male versus female alcoholics (Chi-square{1}= 0.002, p= 0.96), or the number of male versus female spouses within the clinical group (Chi-square{1}= 0.74, p= 0.39) scoring in the mild to moderate or moderate to severe ranges on the Friel Codependence Inventory.

Comparison Group Comparisons: Husbands versus Wives. Similar to the above findings, no significant differences were found between comparison group husbands (X= 19.84) and wives (X= 22.90; F{1}=0.03, p= 0.87) on their perceptions of the level of codependence as reflected by group mean scores (Table 9; Appendix B, Table 7 & 9). However, when the more rigorous paired t-test was run (Table 10), considering possible reciprocal influences between spouses' codependency scores, the analysis revealed a significant difference. Wives ($\bar{X}$= 23.17) scored significantly higher than their husbands ($\bar{X}$= 19.93; t{1}= -2.27, p= 0.03).

This significant difference between husbands' and wives' codependence scores is congruent with the recent feminist critiques of the codependence literature. These critiques (e.g., Haaken, 1990) suggest that women will likely score higher than men on measures of codependence because this construct refers to behaviors, attitudes, and relationship styles of women which are "gendered"; that is, women are socialized or "trained" to be more codependent

**Table 10**

**Paired t Tests of Friel Codependence Scores in Clinical and Comparison Groups**

| | n | Mean Scores | Mean Diff | SE Diff | t Value |
|---|---|---|---|---|---|
| **Clinical** | | | | | |
| **Alcoholics** | 30 | 32.17 | -0.40 | 2.05 | -0.20 |
| **Spouses** | 30 | 32.57 | | | |
| **Comparison** | | | | | |
| **Husbands** | 30 | 19.93 | -3.23 | 1.42 | -3.23* |
| **Wives** | 30 | 23.17 | | | |

p= 0.03

than men (Gilligan, 1982). The data in this study suggest that this measure of codependence reflects those socialized gender differences within the comparison group but not within the clinical group. It may be that, in the comparison population, the effects of this gendering or gender-related socialization may have relatively greater influence than in more dysfunctional relationship contexts (see Hypotheses 7-8).

In the clinical population the effects of higher levels of intergenerational intimidation, triangulation, and fusion, along with lower levels of intergenerational intimacy and personal authority may be more powerful than the forces of social gendering (Gilligan, 1982). The result is that, as revealed by this measure of codependence, dysfunctional family of origin and current relationship dynamics create an exaggerated codependence effect, in females and males, which exceeds that the "typical" gender-socialized female in the comparison population.

The authors of the Friel Codependence Inventory asserts that the Iceberg Model transcends the gender differences associated with some definitions of codependence (Friel & Friel, 1988). They state that their model captures the entire spectrum of behavioral manifestations of codependence, for example from over- to under-responsibility in relationships as manifested in the behaviors of the

enabler and alcoholic, respectively. It appears that the Inventory accomplishes this goal within the clinical population where neither alcoholics nor their spouses are significantly more codependent than the other. However codependence, as they have operationalized it, may in fact be partially a result of the gendering process in "normal" populations. Consequently, it may be that the feminist critique is accurate in its assertion that codependence as a construct, at least in the non-clinical population and as operationally defined in this study, does tend to pathologize the gendered role behaviors of women.

An interesting contradiction of the above results was found when, as with the clinical group, a chi-square analysis of gender differences among codependence categories revealed no significant differences between expected and observed frequencies of scores within each category (Appendix B, Table 8). Within the comparison group neither males nor females were significantly more likely than expected to score in any of the four codependence categories.

**Table 11**

**Mean Scores & Standard Deviations of Codependence (1) by Group**

| Clinical (n= 60) | | Comparison (n= 60) | | |
|---|---|---|---|---|
| **M** | **SD** | **M** | **SD** | **F Ratio** |
| 32.54 | 1.39 | 21.42 | 1.41 | 31.43* |

Note.
1. Measured by the Friel Codependence Inventory; maximum score = 60.
Codependence Categories:
00-20 mild
21-30 mild to moderate
31-45 moderate to severe
45-60 severe
* $p < .0001$

**Hypothesis #10**

There will not be a significant difference in the levels of codependence between clinical and comparison groups.

Clinical versus Comparison Group Comparison. Significant differences were revealed by an ANOVA between the clinical and comparison group means in terms of their perceptions of the level of codependence reported (Table 11). Consequently, the null hypothesis may be rejected.Clinical participants ($\bar{X}$= 32.45) reported significantly higher levels of codependence than comparison participants ($\bar{X}$= 21.37; F{1}= 34.67, p= 0.001), indicating that alcoholics and their spouses report significantly higher levels of codependence than comparison group participants.

This finding is what would be expected considering the abundance of clinically based literature on codependence (Friel & Friel, 1988; Subby, 1984; Wegscheider-Cruse, 1984; Whitfield, 1981) and their assertions regarding the differences between clinical and non-clinical populations. These authors have long suggested that the level of codependence in the former is significantly greater (clinically, if not yet supported statistically) than in the latter population. This is thought to be true, as supported by the results associated with Hypotheses 7 & 8, due to the reported dysfunctional family of origin and dyadic relationship functioning, and exacerbated by the presence of

alcoholism. The following two hypotheses were formulated to direct the investigation of this assertion within each group.

Hypotheses #11 and 12 investigate the theoretical assumptions of a strong relationship between family of origin and spousal factors, and the level of codependence reported by the members of each group. FST (Kerr & Bowen, 1987) and Friel and Friel's (1988) Iceberg Model of Codependence predict strong, significant, and positive correlations between these factors. Presented in Tables 13-17 are the inter-correlations of the PAFS intergenerational and current subscale scores, the Friel Codependence Inventory scores, and the continuous-level background variables for the participants in the two groups.

The following section of this chapter presents and discusses the findings of the correlational and subsequent regression analyses for these variables within each of the two groups. In addition, the results for the two groups are compared and contrasted.

**Hypothesis #11**

Within either group, there will not be a strong and significant relationship between participants' scores on PAFS family of origin subscales and the level of codependence.

Clinical Group: Intergenerational PAFS Subscales and Codependence. All four of the possible correlations between

the intergenerational subscale scores and level of codependence (see below) were significant beyond the .05 level, with three of the four correlations in the .30s and .40s (Table 12). Thus, the correlations between Intergenerational Intimacy, Individuation, Triangulation and Intimidation, and level of codependence indicate a moderate level of association in the negative direction. In other words, in the clinical group, the higher the level of intergenerational intimacy and individuation, the lower the reported level of codependence. Since the INTRIAN and INTIM subscales were scored in a reverse fashion, higher scores represent lower levels of the construct. Therefore, lower levels (or higher scores) of Intergenerational Triangulation and Intimidation are associated with lower levels of codependence. The strongest correlation was between Intergenerational Intimidation (INTIM) and codependence ($r = -.44$). Consequently, the null hypothesis of a lack of a strong, significant relationship may be rejected for these subscales within the clinical group.

Bowen's FST (Kerr & Bowen, 1987) asserts that there should be a strong relationship between family of origin functioning and dynamics and current relationship functioning (including, in this study, manifestations of codependence as measured by the Codependence Inventory). These findings suggest support for this theoretical position

**Table 12**

**Clinical Group: Intercorrelations Among the PAFS Subscale and Codependence Inventory Scores**

| Vars | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|
| 1 | 0.58*** | -0.12 | 0.03 | 0.06 | 0.38** | 0.18 | 0.29* | -0.33** |
| 2 | -- | -0.004 | 0.29* | -0.19 | 0.28* | 0.15 | 0.34** | -0.26* |
| 3 | | -- | 0.26* | 0.19 | 0.19 | 0.33** | 0.19 | -0.37** |
| 4 | | | -- | 0.04 | 0.22 | 0.33** | 0.07 | -0.44*** |
| 5 | | | | -- | 0.06 | 0.21 | 0.18 | -0.36** |
| 6 | | | | | -- | 0.40** | 0.22 | -0.42*** |
| 7 | | | | | | -- | 0.33** | -0.36** |
| 8 | | | | | | | -- | -0.32** |

Note.
1. 1= Intergenerational Intimacy; 2= Intergenerational Individuation; 3= Intergenerational Triangulation; 4= Intergenerational Intimidation; 5= Spousal Intimacy; 6= Spousal Individuation; 7= Nuclear Family Triangulation; 8= Personal Authority; 9= Codependence
n= 60 * p< .05 ** p< .01 *** p< .001

that more intimidation and triangulation, along with less of an ability to establish desired levels of intimacy and individuation in intergenerational relationships will perpetuate the use dysfunctional mechanisms for binding anxiety. It stands to reason that the disability in communication and conflict resolution associated with codependence would be perpetuated by these dynamics. The relationships between these variables were analyzed further by way of regression analyses (see below).

Comparison Group: Intergenerational PAFS Subscales and Codependence. Of the four possible correlations (see below) between intergenerational subscale scores and level of codependence for the comparison group, only one was significant (Table 13). Intergenerational Individuation (INTIND) was found to be moderately and negatively related ($r = -.45$) to level of codependence.

In other words, the more individuated a comparison group person is, the lower his or her level of reported codependence is likely to be. It is suspected that more of the intergenerational subscales were not significantly related to codependence in the comparison group because codependence in this context is more likely to be determined by the gendered sex roles than by family of origin dynamics. These sex roles and associated behaviors and attributions are likely being played out more immediately within the

spousal context, than the family of origin context (Gilligan, 1982).

**Hypothesis #12**

Within either group, there will not be a strong and significant relationship between participants' scores on PAFS nuclear family subscales and the level of codependence.

Clinical Group: Current PAFS Subscales and Codependence. Table 12 also presents the correlation matrix for the PAFS current subscales and Codependence Inventory scores for the clinical group. Again, all four of the possible correlations between the current subscale scores and level of codependence (see below) were significant beyond the .05 level, and were in the .30s and .40s. The correlations indicate a negative relationship, at a moderate level of association, between the variables. In other words, higher levels of spousal intimacy, individuation and personal authority are associated with lower levels of codependence. And because, like the INTRIAN and INTIM subscales, NUCTRIAN or Nuclear Family Triangulation is scored in an inverse manner, lower levels (higher scores) of triangulation in the nuclear family context are associated with lower levels of codependence. The strongest correlation was between Spousal Individuation (SPIND) and codependence ($r = -.45$). Consequently, the null hypothesis of a lack of a significant relationship between current functioning and level of codependence may again be rejected for the clinical

**Table 13**

**Comparison Group: Intercorrelations Among the PAFS Subscale and Codependence Inventory Scores**

| Vars | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|
| 1 | 0.55*** | 0.18 | 0.14 | 0.29* | 0.24 | 0.14 | 0.58*** | -0.16 |
| 2 | -- | 0.05 | 0.39** | 0.44*** | 0.28* | 0.05 | 0.54*** | -0.45*** |
| 3 | | -- | 0.14 | -0.16 | 0.23 | 0.10 | 0.25 | -0.16 |
| 4 | | | -- | 0.30* | 0.17 | 0.24 | 0.24 | -0.21 |
| 5 | | | | -- | 0.16 | 0.18 | 0.34** | -0.51*** |
| 6 | | | | | -- | 0.24 | 0.38** | -0.41** |
| 7 | | | | | | -- | 0.05 | -0.14 |
| 8 | | | | | | | -- | -0.27* |

**Note.**
1. 1= Intergenerational Intimacy; 2= Intergenerational Individuation; 3= Intergenerational Triangulation; 4= Intergenerational Intimidation; 5= Spousal Intimacy; 6= Spousal Individuation; 7= Nuclear Family Triangulation; 8= Personal Authority; 9= Codependence
n= 60 * p< .05 ** p< .01 ** p< .001

group.

It is interesting to note that while spousal individuation was the current subscale most strongly related to the level of codependence, its intergenerational counterpart (INTIND) was least strongly related. This may suggest that constructs associated with more significant current relationships are more influential of codependence level than family of origin functioning. This will be explored further below.

Comparison Group: Current PAFS Subscales and Codependence. Of the four possible correlations between current subscale scores and level of codependence for the comparison group, three were significant (Table 13). Spousal Intimacy (SPINT, r= -.51), Individuation (INTIND, r= -.41) and Personal Authority (PAUTH, r= -.27) were found to be moderately related to level of codependence beyond the .05 level; again in the negative direction. Only Nuclear Triangulation (NTRIAN) was not found to be strongly related. Thus, in the comparison group, higher levels of spousal individuation and intimacy, as well as personal authority are associated with lower levels of codependence.

That there are more nuclear than intergenerational subscales related to codependence within the comparison group suggests that current relationships and dynamics are more important in influencing the level of codependence in

the comparison population than are family of origin dynamics. This is congruent with the idea that codependence is related to family of origin dysfunction (since comparison group participants report significantly lower levels of codependence than those in the clinical group- Hypothesis 10). Where there were none in the clinical group, there were significant gender differences in the level of codependence found in the comparison group. This suggests that, as explored above, gender socialization may play a more important role in determining level of "codependence" in the comparison population. Perhaps the gendered roles of the current spousal relationship are stronger predictors of codependence in the comparison group. This, too, will be explored further below.

Since there is a direct connection between family of origin and current dyadic functioning (Bowen, 1978; Kerr & Bowen, 1987), there should not be a significant difference in the strength of relationship between family of origin variables and current dyadic variables, and the level of codependence. This assertion, and the further relationships between both family of origin and current variables, may be investigated through regression analyses. These procedures will be useful in determining the relative strength of each of these variables in predicting the level of codependence.

Regression Analysis: Predicting Level of Codependence

Clinical Group. Because all of the correlations between intergenerational and current PAFS variables indicated moderate strength of association with codependence at significance levels equal to or less than .05, all were entered into an initial stepwise regression. It was hoped that this preliminary step would indicate which of the variables were most strongly related when considered as a group. The analysis revealed that Intergenerational Intimacy, Intimidation and Triangulation, as well as Spousal Intimacy, were related to codependence beyond the .03 level. Intergenerational Individuation, Spousal Individuation and Nuclear Family Triangulation were dropped out of the analysis.

Subsequently, a multiple regression analysis was run in order to determine the relative strength of the remaining variables in predicting codependence within the clinical group. The regression analysis indicated significant relationships between codependence and each of the subscale scores (Table 14). In particular, Intergenerational Intimacy, Intergenerational Intimidation, Intergenerational Triangulation, and Spousal Intimacy predict approximately 11%, 19%, 13% and 13% of the variance in codependence (respectively). As can be seen from Table 12, none of these subscales are not strongly intercorrelated, the strongest

**Table 14**

**Clinical Group: Prediction of Codependence on the Basis of Significant PAFS Variables**

| Vars | Beta | SE | T | Prob. | Seq. R | R Square |
|---|---|---|---|---|---|---|
| **INTINT** | -0.33 | 0.07 | -3.30 | 0.002 | 0.11 | 0.11 |
| **INTIM** | -0.35 | 0.06 | -3.36 | 0.001 | 0.29 | 0.19 |
| **INTRIAN** | -0.27 | 0.13 | -2.53 | 0.014 | 0.39 | 0.14 |
| **SPINT** | -0.28 | 0.1 | -2.74 | 0.008 | 0.46 | 0.13 |

**Note.**
INTINT= Intergenerational Intimacy; INTIM= Intergenerational Intimidation; INTRIAN= Intergenerational Triangulation; SPINT= Spousal Intimacy
n= 60

association being between Intergenerational Intimidation and Triangulation (r= .26, p= .04). Consequently, while the constructs being measured by these subscales may logically overlap, it may be assumed that they are, to a satisfactory degree, measuring different phenomena.

The clinical (e.g., Friel, 1988; Subby, 1984; Whitfield, 1984) and scant empirical (e.g., Black, Bucky, & Wilder-Padilla, 1986) literature on adult children of dysfunctional families indicate that such adults experience an identifiable cluster of emotional and psychological difficulties because of their early experiences. These results support this notion that dysfunctional family of origin dynamics will lead to dysfunction in the current functioning. Why the other PAFS subscales do not predict codependence as strongly is curious and ought to be investigated in further research efforts.

Further interpretation of these results, however, yields interesting results: For every unit increase in Intergenerational Intimacy, there is a corresponding .33 unit decrease in level of codependence. For every unit decrease in the Intergenerational Intimidation subscale score (since it is scored inversely, a decrease in score indicates an increase in intimidation), there is a corresponding .35 increase in the level of codependence. For every unit decrease in Intergenerational Triangulation

(scored inversely like INTIM), there is a .27 unit increase in the level of codependence. For every unit decrease in Spousal Intimacy, there is a corresponding increase in the level of codependence. In other words, decreasing levels of Intergenerational and Spousal Intimacy predict higher and higher levels of codependence. Conversely, increasing intimidation and triangulation in intergenerational relationships predict higher levels of codependence. This is again consistent with Bowen's theory of family systems and Friel's Iceberg Model of Codependence (Friel & Friel, 1988).

Comparison Group. Based on the initial correlation analysis, those PAFS subscale scores which were moderately related at significant levels (less than or equal to .05) were entered into an initial stepwise regression. Again, this preliminary step was intended to indicate which of the variables (Intergenerational Individuation, Spousal Intimacy and Individuation, and Personal Authority) were most strongly related when considered as a group. The analysis revealed that three of the four were related to codependence beyond the .06 level. Nuclear Family Triangulation was automatically dropped from the analysis.

Subsequently, a multiple regression analysis was run in order to determine the relative strength of the remaining variables in predicting codependence within the comparison

group. The regression analysis determined significant relationships between codependence and only two of the variables (Table 15). Interestingly, the two intergenerational variables were dropped out of the model. Spousal Intimacy and Individuation, respectively, predict approximately 26% and 17% of the variance in codependence. Apparently, any of the variance which might have been explained by the intergenerational subscale scores can also be accounted for by the spousal scales, which explain even more of the variance. Further interpretation suggests that for every unit increase in Spousal Intimacy, there is a corresponding .46 unit decrease in codependence. Similarly, for every unit increase in Spousal Individuation, there is a .33 unit decrease in level of codependence. In other words, increasingly higher levels of spousal intimacy and individuation predict lower and lower levels of codependence.

In interpreting these results it is important to consider the level of association between these two Spousal subscales. Table 13 indicates that they are associated at a low level ($r = .16$), and that this correlation is not significant ($p = .22$). Consequently, it is safe to assume that these two subscales measure different phenomenon, and subsequently that it is these different phenomenon which account for significant amounts (see above) of variation in

**Table 15**

**Comparison Group: Prediction of Codependence on the Basis of Significant PAFS Variables** (1)

| Vars | Beta | SE | T | Prob. | Seq. R | R Square |
|---|---|---|---|---|---|---|
| SPINT | -0.46 | 0.13 | -4.33 | 0.0001 | 0.26 | 0.26 |
| SPIND | -0.33 | 0.10 | -3.15 | 0.003 | 0.37 | 0.17 |

Note.
1. 1 (SPINT)= Spousal Intimacy; 2 (SPIND)= Spousal Individuation.
n= 60

level of codependence in the comparison group. The Spousal Intimacy subscale assesses the ability of the person to achieve desired levels of intimacy within the spousal relationship. Difficulties with intimacy (too much or too little) are frequently paired with codependence in the clinical literature (e.g., Subby, 1984; Woititz, 1985). Similarly, the construct of differentiation of self, as measured by the Spousal Individuation subscale, may be logically related to the identity and boundary issues described by the codependence literature. People who are codependent are often described as having unclear ideas about inter-personal boundaries, and establish boundaries in adult relationships which are either overly rigid (emotional cut-offs), or overly diffuse (emotional fusion) (e.g., Norwood, 1985; Subby, 1984).

These results suggest that, as mentioned above, codependence in the control group is predicted not by family of origin dysfunction, but by spousal relationship dynamics. Increasing levels of both intimacy and individuation predict lesser amounts of codependence. These results are reminiscent of Gilligan's (1982) assertion that healthy relationships become increasingly complex in their patterns of both individuation and connectedness (intimacy) across the lifespan. While Gilligan writes particularly of the relationships and development of women, she does so in a

context wherein she contrasts them with those of men. And since the relationships in question often involve those of one gender with another, to state that her conclusions pertain only or primarily to women may be an artificial punctuation.

The gender differences within the control group regarding level of codependence were statistically significant (Tables 9 & 10). Consequently, separate regression analyses were run for males and females in the comparison group. Some interesting results emerged (Table 16). In the analysis for comparison males, two spousal scales (those that emerged in the regression analysis for the comparison group as a whole) continued to predict codependence at even lower significance levels: Spousal Intimacy ($r= .16$) and Individuation ($r= .12$). On the other hand, in analyzing the predictive value of the spousal subscales for female comparison participants, Spousal Intimacy no longer predicted codependence at a significant level. As a result, it was necessary to begin again with all eight of the subscales. Ultimately, Spousal Individuation and Intergenerational Triangulation were the strongest predictors of the level of codependence for comparison group women as reported below.

Interestingly there are converse relationships between the two variables and level of codependence. For every unit

**Table 16**

**Gender Differences in the Prediction of Codependence Within the Comparison Group on the Basis of Significant PAFS Variables**

| Males (n= 30) | | | | | | |
|---|---|---|---|---|---|---|
| **Variables** | **Beta** | **SE** | **T** | **Prob.** | **Seq. R** | **R Square** |
| **SPINT** | 0.49 | 0.22 | 3.09 | 0.005 | 0.16 | 0.16 |
| **SPIND** | -0.44 | 0.30 | -2.81 | 0.009 | 0.35 | 0.12 |
| **Females (n= 30)** | | | | | | |
| **Variables** | **Beta** | **SE** | **T** | **Prob.** | **Seq. R** | **R Square** |
| **SPIND** | -0.37 | 0.41 | -2.01 | 0.06 | 0.38 | 0.11 |
| **INTRIAN** | 0.47 | 0.28 | 2.26 | 0.03 | 0.26 | 0.17 |

Note.
1. 1 (SPINT)= Spousal Intimacy; 2 (SPIND)= Spousal Individuation; 3 (INTRIAN)= Intergenerational Triangulation

increase in Spousal Individuation, there is a corresponding .37 unit decrease in codependence. Conversely, for every unit increase in Intergenerational Triangulation, there is a .47 unit increase in codependence. In other words, more individuation in spousal relationships and lower amounts of triangulation in intergenerational family relationships predict lower codependence in comparison group women. These results are congruent with the significant differences found on the Intergenerational Triangulation subscale between males and females when the clinical and comparison groups were combined (Table 17). Women (X= 32.27) reported significantly higher scores (and therefore, lower levels of perceived intergenerational triangulation in their families), than men (X= 37.24; F{1}= 3.98, p= 0.05).

These results are the opposite of what would have been expected given the feminist position that women are socialized to develop, and be more in tune with, relationship connections across the generations (Gilligan, 1982). On the other hand, since the construct of triangulation, in this context, is related to the ability to sustain communication and conflict resolution with intergenerational family members, perhaps this suggests the women's greater "gendered" abilities and competence in this area (Gilligan, 1982). There were no significant gender differences on any of the other seven PAFS subscales.

**Table 17**

**Significant Dimensions of PAFS by Gender**

| | Male | Female | F Ratio |
|---|---|---|---|
| **Intergenerational Triangulation** (Range= 11-55) | | | |
| *M* | 37.24 | 32.27 | 3.98* |
| *SD* | 1.78 | 1.75 | |

* $p < .05$

Taken together, these results suggest that, for women in this population to not be troubled by codependence in their relationships, greater emotional autonomy within the spousal relationship and greater interactional autonomy in relationships with their parents are helpful. Again, these results provide some initial, although perhaps indirect, support for the feminist critique of the construct of codependence (Haaken, 1990). Namely, if women are socialized or "gendered" to be less interpersonally individuated than men (Gilligan, 1982), then codependence, as a label denoting pathology, may need to be replaced with one which is not based on male development based models of psychological health and development.

Relationship Between Demographic Variables, PAFS Subscales & Codependence

The final area which will be examined involves the relationships among the various background variables and both the PAFS subscale and Friel Inventory scores. While an extensive analysis is outside the scope of this project, it seems important to explore these relationships to a modest degree in order to discover if any of the background variables are significantly related and clearly predict the level of codependence within either of the groups.

Clinical Group Inter-correlations. Table 18 presents the inter-correlations among the background variables and

**Table 18**

**Clinical Group: Intercorrelations Among Background Variables and PAFS Subscale Scores**

| Vars | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0.13 | 0.15 | 0.28* | -0.01 | 0.05 | -0.02 | 0.15 | 0.24 | 0.24 |
| 2 | 0.05 | 0.12 | 0.07 | 0.03 | -0.01 | -0.07 | 0.36** | 0.07 | 0.06 |
| 3 | 0.14 | -0.06 | -0.17 | 0.32** | -0.24 | -0.07 | -0.15 | -0.10 | 0.21 |
| 4 | 0.20 | 0.09 | 0.09 | 0.06 | -0.07 | 0.01 | 0.01 | 0.03 | 0.04 |
| 5 | 0.11 | 0.21 | 0.28* | 0.24 | -0.19 | 0.20 | -0.03 | -0.02 | 0.30* |
| 6 | 0.32** | 0.10 | 0.10 | 0.12 | 0.26* | 0.10 | 0.01 | -0.09 | -0.18 |
| 7 | 0.09 | -0.07 | -0.04 | 0.16 | 0.02 | -0.02 | 0.11 | -0.06 | -0.02 |
| 8 | 0.11 | 0.06 | -0.08 | 0.25 | 0.02 | -0.19 | 0.14 | 0.10 | 0.19 |

Note.
1. Background Variables: 1= age; 2= family income; 3= educational level; 4= number of marriages; 5= length of current marriage; 6= number of children; 7= number of children in family of origin; 8= family of origin income; 9= father's educational level
2. PAFS Scales: 1= Intergenerational Intimacy; 2= Intergenerational Individuation; 3= Intergenerational Triangulation; 4= Intergenerational Intimidation; 5= Spousal Intimacy; 6= Spousal Individuation; 7= Nuclear Family Triangulation; 8= Personal Authority; 9= Codependence
n= 60 * p< .05 ** p< .01 ** p< .001*

the PAFS Intergenerational and Current subscales (mother's educational level was excluded from the table because of space limitations and due to the fact that it was not significantly correlated with any of the subscale scores). As can be seen, only seven of the 72 possible inter-correlations were significant; of these, five were between various background variables and the codependence score.

Although it is unclear why other of the relationships were not stronger at significant levels, some of those that were, are in the predicted direction. For example, higher levels of both Intergenerational and Spousal Intimacy were associated with higher levels of education and/or father's education. These variables are often associated with increased life satisfaction, a part of which might be the ability to achieve desired amounts of intimacy in relationships. Similarly, Intergenerational Individuation was positively related to the number of children in the family of origin. Perhaps growing up in a family with more children forces the individuation process. This area ought to be explored in future studies, with particular attention to the effects of birth order.

An exception to the above "expected" results was the positive relationship between Spousal Individuation and age, indicating that older people are likely to be more well defined as individuals. This contradicts Bowen's FST

(Bowen, 1978) which asserts that, without conscious efforts (e.g., in therapy) to individuate, a person's level of fusion remains fairly constant. Therefore, the aging process itself should not affect level of individuation. On the other hand, Williamson (1981 & 1982) has added to Bowen's theory the idea that Personal Authority (of which the development of higher levels of individuation is a part) is a developmental life stage which people attempt to negotiate in the fourth and fifth decades of life. As a result, older people may be further along in this process. Perhaps this finding may also be attributed to the fact that, in this study, the older clinical participants were likely to have been in recovery, and subsequently, involved in the recovery process (possibly facilitating increased individuation) longer.

Table 19 presents the inter-correlations between <u>codependence</u> scores and background variables for the clinical group. Of the 10 possible correlations, four were significant. They were again related in the expected manner, with age, family income, educational level and father's educational level all inversely related to level of codependence. However, in an automatic step-wise regression analysis family income dropped out of the equation. In addition, a subsequent standard analysis of multiple regression revealed that age, educational level, and

**Table 19**

**Intercorrelations Among Background Variables and Codependence**

| | Clinical Group (n= 60) | | | | |
|---|---|---|---|---|---|
| | Variables (1) | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| Codependence | -0.41*** | -0.29* | -0.39** | -0.16 | -0.12 |
| | 6 | 7 | 8 | 9 | 10 |
| Codependence | -0.28 | -0.12 | -0.13 | -0.28* | -0.01 |

| | Comparison Group (n= 60) | | | | |
|---|---|---|---|---|---|
| | Variables | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| Codependence | 0.06 | -0.06 | -0.02 | 0.08 | 0.05 |
| | 6 | 7 | 8 | 9 | 10 |
| Codependence | -0.18 | -0.23 | -0.26* | -0.15 | -0.12 |

**Note**.
1. Variables: 1= age; 2= family income; 3= educational level; 4= number of marriages; 5= length of current marriage; 6= number of children; 7= number of children in family of origin; 8= family of origin income; 9= father's educational level; 10= mother's educational level
* p< .05 ** p< .01 ** p< .001

father's educational level accounted for a total of only 18% of the variation in codependence.

Comparison Inter-correlations. Table 20 presents the inter-correlations among the PAFS subscales and background variables within the comparison group. Fewer significant relationships were found. Only three of the 72 possible correlations were significant (p < or = .05). Since this is approximately what would be expected by chance, these results will be considered to be non-significant and will not be discussed here.

The 10 possible inter-correlations between the background variables and codependence scores for the comparison group are also presented in Table 19. Similar to the relationships between background variables and the PAFS subscales, only one correlation was significant. Similarly, when a regression analysis was run investigating the predictive power of the variables significantly associated with PAFS subscale score, this same variable was the only one which predicted codependence score to a significant degree.

Table 20

Comparison Group: Intercorrelations Among Background Variables and PAFS Subscale Scores

| Vars | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0.13 | 0.07 | 0.11 | -0.06 | 0.12 | 0.02 | -0.08 | -0.04 | -0.12 |
| 2 | 0.17 | 0.15 | -0.09 | 0.13 | 0.18 | 0.27* | 0.12 | -0.05 | -0.12 |
| 3 | 0.13 | 0.19 | 0.14 | -0.01 | 0.04 | -0.04 | -0.18 | -0.13 | -0.13 |
| 4 | 0.01 | -0.01 | 0.09 | 0.01 | 0.05 | 0.13 | 0.06 | 0.15 | -0.08 |
| 5 | -0.15 | -0.04 | -0.01 | 0.01 | -0.11 | 0.17 | 0.28* | 0.12 | 0.14 |
| 6 | 0.06 | 0.18 | 0.24 | -0.28* | -0.06 | 0.09 | -0.04 | 0.17 | -0.04 |
| 7 | -0.09 | -0.01 | -0.03 | -0.04 | -0.01 | 0.01 | 0.11 | 0.13 | 0.08 |
| 8 | 0.07 | 0.07 | 0.14 | 0.17 | -0.03 | 0.19 | 0.10 | -0.01 | -0.11 |

Note.
1. Background Variables: 1= age; 2= family income; 3= educational level; 4= number of marriages; 5= length of current marriage; 6= number of children; 7= number of children in family of origin; 8= family of origin income; 9= father's educational level; 10= mother's educational level
2. 1= Intergenerational Intimacy; 2= Intergenerational Individuation; 3= Intergenerational Triangulation; 4= Intergenerational Intimidation; 5= Spousal Intimacy; 6= Spousal Individuation; 7= Nuclear Family Triangulation; 8= Personal Authority.
n= 60 * p< .05 ** p< .01 ** p< .001

**Phase II Results: Qualitative Themes**

The following sections represent a synthesis of the information, observations and impressions gained from the qualitative phase of the study. As previously mentioned, these 90 minute interviews were conducted with a subsample of the two larger samples. The Phase II participants, among those returning the consent form and indicating a willingness to be involved in a follow up interview, were selected on the basis of their scores on the Friel Codependence Inventory. Nine couples were interviewed.

The first group was comprised of couples whose individual, and consequently combined scores, were very low on the range of possible codependence scores. The second group contained couples whose individual and couple scores were on the high end of the range. In these two groups, each couples' individual scores were similar to each other. For example, the spouses' scores in the "high" group fell in at least the moderate/severe range. Similarly, most of the spouses in the low group were all in the middle of the mild range of codependence. Couples in the third group were chosen because they scored in different categories of codependence, and their scores were widely spread (at least 12 points apart).

The interviews were structured only to the extent that six research questions (Appendix A) were used as a guide

during each meeting. The questions asking the participants to talk about their relationships with their families of origin, family of origin communication and conflict resolution processes, nuclear family relationships (especially their spousal relationship) were intended to explore dynamics related to levels of fusion, personal authority, intimidation, intimacy, and triangulation, as related to codependence. The intent was that the stories of the participants would subsequently be used in infusing the results of the quantitative analyses with meaning based on the realities of the participants, rather than solely that of the interviewer/researcher.

The interviews were videotaped and later reviewed by the researcher. During the process of review, themes emerged which seemed to illuminate some of the findings relevant to the major hypotheses of Phase I. The results of the quantitative phase were not shared with the couple until after the interview was complete in order to minimize any bias which might be associated with their perceptions of "how well they scored". For example, it seemed important that "low" scoring couples not be influenced by the idea that "we got low scores (relatively more healthy relationships, etc) so therefore everything we say must be positive".

It is important to note that the following represents

what has been called a "co-evolved reality" (Maturana & Varela, 1987) or a linguistic, conversational process of constructing (reconstructing) reality (Anderson & Goolishian, 1988). The stories told by the participants unfolded within a research context during interviews guided by questions which emerged from readings, the preliminary quantitative data analyses, and the "self" of the researcher (Guba, 1978; Lucas, 1985). In addition, the particular direction(s) which each of the interviews took could be constructed as having been the product of the linguistic interaction (Anderson & Goolishian, 1988) of those involved in the qualitative research conversation. As such, the reporting of these findings are not to be taken as objective reality, as statements about what the participants' lives "were really like", or as measurable reflections of the effects of varying family of origin and nuclear family experiences on the development of codependence. Instead, and perhaps more importantly, they are offered as coevolutionary, retrospective reconstructions which may reveal some of the meaning that these individuals, within the context of their lives together, and admittedly of this research project, have given to the connections between their past and present experiences.

## Qualitative Themes

### Low Codependence Couples

The following is a description of the "low" codependence couples interviewed for the study. The H. couple, Don (38) and Jan (37), had been married for 4 years (the first marriage for both of them), and had one child. They indicated their income was in the $21-30,000 range, and both had graduate degrees. Judy (37) and John (39) W., also in their first marriage but for 17 years, had six children and an income in the $61-70,000 range. Judy had attended some college, while John had earned a graduate degree. The third couple, Mary (37) and Fred (40) H., married for the first time and for 13 years, also had six children. Again, the wife had attended some college, while the husband had a graduate degree.

Of those willing to be involved in the follow-up interviews, these three had the lowest combined scores on the Friel Codependence Inventory, and all happened to be from the comparison sample. This is consistent with the results of the quantitative analysis which revealed highly significant differences between sample group mean scores on this inventory; the comparison sample group mean score being significantly lower and in the mild category of codependence (Hypothesis 10). Although in some couples from the

comparison sample one or both partners' scores fell into one of the upper part of the range covered by the codependence inventory, all of the spouses in the three "low" couples interviewed scored in the mild range.

In two of the couples the spouses had the same score (e.g., each scoring 11), while in the third couple, the husband scored four points higher. This is contrary to the finding reported in the results of the quantitative analysis in which (on the basis of a paired "t" test) comparison males were found to score significantly lower (i.e., less codependent) than their wives. However, it is congruent with the separate chi-square analysis which demonstrated that there were no significant differences between the codependence categories (mild, moderate and severe) into which male versus female comparison participants' scores fell, suggesting no significant gender differences.

**Belief Systems**. Although the couples in this group were not asked specifically about this area, they consistently talked about their spirituality, religious faith, or other belief system as an important organizing and stabilizing force in their lives as individuals, couples, and family units. The participants also described these belief systems as intergenerationally important processes, saying that they had learned, directly or indirectly "what

was important in life" from their parents and/or grandparents. The world views represented stressed a basic sense of the importance of an organizing and sustaining belief system. The importance placed on these undergirding beliefs was made explicit by the participants throughout the interviews as they were asked to tell "their story"-- at least as much of it as they could in 90 minutes.

Among the ideas people expressed that were related to why they thought their marriage and family life, as well as their individual health, was of an overall high quality were the following. Several participants said something best represented by Jan's belief that "growth happens over time and often through difficulties". A particularly striking example of this was evidenced by her husband Don's retrospective on his family of origin history. Both of his parents were born in pre-World War II Eastern Europe and were of the Jewish faith. Many members of his mother's and father's families were killed in the Nazi extermination camps. Although both had come from very wealthy families, they lost all of their financial and material wealth. Yet, despite the adversity, his parents had survived, immigrated to America, and succeeded in "realizing the American Dream". Don stated that he has increasingly had the sense that "my parents, and subsequently I, could do anything we needed to do...could survive anything. My mother has often said she

could do anything".

More specific to marriage, it was routinely stated that "whatever it is, you work it through" because the relationship "is forever" and is based ultimately on "unconditional love". One person expressed that the ultimate values "give a general perspective on day to day problems" which make them easier to cope with. In addition, the couples expressed having had, from before they married, common and evolving (but congruent) ideas about roles in their relationship. In two couples, which happened to be Mormon, the roles were patriarchal and traditional. But even in a couple where the wife had her own career in addition to being primarily responsible for the care of their child, the Don stated (and his wife agreed) that from the beginning they have had a common understanding, and "an absolute trust that it's not going to end...I'll still know that she loves me and cares for me...that we have a commitment and vision for the future".

In two instances, the couples in this "low" codependence group revealed that their religious beliefs, centered in the Mormon tradition, were very important organizing principles relative to family life. The participants described fundamental beliefs that "what you build in your family is (literally) forever", providing what John described as "an anchor" for stability and security.

In addition to providing a "vision for the future" for himself and his wife, their religious beliefs provide a foundation upon which ideas, values, and standards for each generation are built. The members of the three couples did not communicate that they have no problems, stresses, or difficulties in their lives. However, the sense imparted was that this belief or faith system sustained them and grounded them in a "faith" that they would be able to work through anything. This perspective was subsequently related to the long-term processes of communication and conflict resolution, to the commitment to these and all other processes which are fundamental to making marriages and families work over time.

**Family of Origin Relationships**. Without exception, each participant in this "low" codependence group stated that although her/his family had problems, or s/he had a less than satisfactory relationship with one parent, each "never felt unloved or unwanted". Those were Don's words, and he went on to say, "I don't have bad memories. While my parents were pretty critical of other people outside the family...I never felt that directed toward me...but it has affected me to the extent that I try not to be critical of others". Most of the "low" group participants related that they had generally good memories and did things together as

a family. Often the family traditions centered around the core belief systems mentioned above, and the understanding that extended and nuclear family connections and traditions were very highly valued.

At least one parent in each of these participants' families was described as having provided a sense of leadership, stability, validation, love and/or security. In most cases the participants told stories of a parent, mother or father, who "was someone I could really talk to". Even if one or both parents were not demonstrative and were firm disciplinarians, importance was placed on being able to talk to someone. One woman spoke as she remembered that "no matter when I came in at night, when I was a teenager, my father would be waiting up for me...we'd sit on the stairs and talk about what I had done or anything else. Dad was more clear about the fact that it was okay to disagree with him". These comments seem relevant when considering the levels of individuation, intimidation, and personal authority as they develop in family of origin relationships. To have someone who allows you to communicate (and within this linguistic context, define who you are), and who subsequently validates both who you are and your need to communicate, seemed very important to these participants, and is congruent with the study's theoretical framework (Kerr & Bowen, 1987).

John described his mother as anxious about his own and his sister's emancipation and in the process showed this by always waiting up for him. If he was out later than he should have been, she would come looking for him. "If she didn't have something to worry about she would find something to worry about". Yet, he also said that he and his mother were "able to talk about a lot of things...and my father and I talked a lot while we were working together (on their farm)". Mary seemed to sum these sentiments up by describing her father's attitude toward herself and her siblings. She stated that he used to say, "Success in family is very much more important than anywhere else in life", and as a result spent a lot of time with her.

Instances were described in which it wasn't one of the parents who played this role. Mary told of her family of origin in which she was the youngest of four sisters. By the time she was ten, her older sisters had reached maturity and left to marry and/or take jobs and homes of their own. But, they were close enough that she often visited them. "I'd go there over night or for the weekend...they were more like aunts than sisters...it was good because (even though her parents didn't get along well and were always being critical of each other) I could go to my sisters' homes and see a different way of being together that was better". Judy described a somewhat different situation, but also one

which was less than ideal. "My (experience growing up) wasn't all good. I didn't have a particularly good relationship with my mother..she was the disciplinarian. But, I did have a good relationship with my father...I could talk to him".

**Family of Origin Communication & Conflict Resolution.** Spouses in the "low" group couples spoke in wide-ranging terms about the processes of communication and conflict resolution in their families of origin. However, most of the participants echoed what one man said about his father, "My father used to say, even right up until before he passed away, 'Communication is the most important thing; you should always talk about things'". Judy described her parents as "better communicators than his (her husband)...and...there was a lot of kissing and 'I love yous'...a lot of hugging and no one really raising their voice or calling names". Her communication with her father was described as "very good...he did everything with me". Similarly, Fred stated, "As kids we bickered and fought a lot but mom and dad arbitrated...they were model communicators...respectful...and careful. Now we (siblings) are that way with our (spouses)".

On the other hand, Judy's husband John, like his father as he described him, is "pretty quiet". "We were told that

we were loved, and that he was proud of us, but there wasn't a lot of other feelings expressed (overtly)". His mother "pretends that (problems in) the past don't exist...she just puts things out of her mind...". Then there was Don, who said "they (his parents) have their own way of communicating that is kind of acerbic ...and I've never seen them being intimate, saying they love each other...I know this has affected me". He went to say that, in response to watching (his perceptions of) how this lack of communication affected their relationship, he had made it an important goal to do things differently; and that he has made a serious and ongoing commitment to communicating differently.

The variety of descriptions and stories related to communication processes in this group were paralleled by similar accounts of conflict resolution processes. Their descriptions ranged from those of families in which there was what was perceived as being constructive conflict resolution with ongoing meta-communicative processes to not having rarely seen such processes in action. For example, one woman stated, "It wasn't the way it was in my family to have huge conflicts, to be real angry...". Another woman described her family as one in which "there were never any major conflicts..(things were) just a matter of opinion". She described herself as being "like my mother in child rearing, but like my father in sulking. He wasn't an arguer

but would be silent and sulk". She said, "there were no big discussions about feelings and such", but also that "there were never any big fights". Her parents, she said, were fairly different from each other, but while they handled fights by arguing, the problems were usually resolved and they moved on.

A similar story told by her husband Fred involved a triangle between his mother, father and paternal grandmother (who lived with them during his years growing up). Fred described his father as being "a kind of mediator" between the two women. The family lived in the grandmother's home, so the mother had to "fight to carve out her place and a place for (the house) to be her family's home". Fred's father was caught in the middle of the conflict, but the two parents handled the problem in a manner which Fred reconstructs as being "a healthy way of dealing with a difficult problem. My mom would get upset and have her say (I have never seen my dad what you'd call real mad or upset) and then she'd go out for a walk and calm down. Then they'd talk about it...they'd talk about feelings and stuff...and be open about most things". In telling his story, Fred tied the ultimate success of their communication and conflict resolution processes to the fundamental organizing principles of their belief systems. He explained their ability to be able to transcend the chronic stress of the

triangle by the fact that "they were compatible in their beliefs and values...they believed in (self-sacrifice) for their families".

The overall impression was that people in the low group either had opportunities to directly model (what they perceived as being) constructive communication and conflict resolution processes, or they sought such models out, consciously trying to learn more constructive processes for themselves in their important relationships. For a variety of reasons, the members in this group have constructed realities of their families of origin processes as being healthy; or, if unhealthy, a basis for them having responded with the intention of doing things differently, for having learned the importance of learning more constructive processes. Communication and conflict resolution are processes which mediate the development of individuation, personal authority, and the ability to be intimate within the intergenerational context (Black, 1981; Friel & Friel, 1988; Kerr & Bowen, 1987). Consequently it may be that these stories, which reconstruct positive, growth-promoting contexts, reveal something important about families which promote "low" levels of codependence in their adult offspring.

**Getting Together**. During one part of the interview

each of the spouses was asked to describe how they, as a couple, first got together, what attracted him/her to the other person, etc. Again, the underlying belief systems and values were at the center of the stories people told. Jan, who was described earlier as believing that growth happens through difficulties, stated that when she met Don it was "during what I thought of as a kind of business lunch...you know, here I was thinking that 'wow, I'm going to have a business-type lunch with this guy...something grown-ups do'". Almost immediately, she said, "I had a feeling of real comfort and understanding...I knew he was the one I was going to marry...it was kind of spiritual in that I felt accepted on a level on which I'd never been accepted before". She described their first few "get togethers" as being times when they, "told each other a lot about (themselves)" and "really got to know each other's beliefs and values". In a joking manner her husband Don communicated the value he places on finding someone of similar beliefs and attitudes. He said that he tells his single friends about the "STUV-W system" he has devised: "S stands for sports, because if you like to be active, the woman in your life has got to like that too; ...T for timing because you've both got to be at the right time in life to commit to each other; ...U for understanding, since mutual understanding and respect are so important;...V for values

since you have to believe in similar things; ...and W for world view" recognizing the importance of similarity in overall approach to, and meaning of, life.

While Jan and Don came from dissimilar religious backgrounds, the other two couples did not. They shared a common idea that "this makes a big difference in a family because you have fewer things to work out as you go along" (Judy). In all three couples, even where there were significant differences between them, the members of the couples pointed to the similarities as the key factors that help them to get through rough times; and often as what brought them together in the first place. Mary and Fred, in addition to having religious beliefs in common, got to know each other in a college service club. Recognizing in her a similar commitment to people, Fred stated, "I knew she was what I wanted...we had the same types of values in terms of money, kids, church...". His wife Mary concurred, and added, "We have had the expectation that our marriage would work".

An apparently unshakable or steadfast commitment within these marriages may be instrumental in maintaining the level of anxiety in the interpersonal context of these dyadic relationships (Kerr & Bowen, 1987). With anxiety controlled in part by the force of this commitment and an underlying belief system which includes such ideas as "growth happens

through adversity" and "families are forever", the functioning of the family system may more readily support the health and development of its members.

**Dyadic Conflict Resolution**. When discussing this area as well, the couples talked about how a foundation of similar beliefs and goals has eliminated most of the potential conflict in their relationships. This seems to help them over "rough spots" as indicated by Mary's description of some of their past conflicts. "In our family things come up which have to do with, you know, just growin' up, everyday things...which are worked out, lots of times, by parents being in charge, but then just letting them (their children) make decisions...as parents we have the same goals". With respect to their marital relationship she said "when I'm upset (e.g., by Fred becoming too absorbed in his work and Mary beginning to feel taken for granted) I go off, like I told you my father did, and sulk. He (Fred) usually notices, eventually, and comes after me to find things out. If he doesn't, then I just work it out by myself".

Perhaps because of the foundation of similar beliefs and/or the sense of lasting commitment these couples communicated a sense that "we have our own way of doing things which makes sense to us and works". "We're both

pretty easygoing. The differences are what make things interesting", remarked Jan in response to a question about the way they as a couple resolve conflicts. Her husband Don agreed, stating, "We're not the type of people to yell and scream". Judy and John echoed the importance seeming to be placed here on successful conflict resolution being calm or to at least have "some balance".

The couples also pointed out their perceptions that they, as partners, are complementary and try to recognize and build on, or at least make room for, each others' differences. Judy described herself as "more what, volatile?" and John as "more mellow", and went on to say, "It's good to have (balance) in both people...excitement and calm...we've gradually become more like each other...he's learned to show it (feelings, excitement, etc), and we've grown closer to each other in the way we handle conflicts". Judy stated, "I knew I was like my parents, abrupt, and so I looked for a strong man".

Judy went on to say that they had talked a lot about their differences. Her description of the way they talked about the division of labor, and the process for negotiating those types of things indicated that, as a couple, they engage in meta-communication. Her husband John, for example, said it was "important for us to agree on who handles what, ultimately compromising when necessary".

While Mary said that she and Fred "don't talk, as you asked, about how we talk", she indicated that "we look at how we can do things better in our own home...we've had our differences but we've worked them out". This response seemed to indicate that, while they may not explicitly talk about communication processes, they do talk about their interactional and decision-making processes when one or the other or both have felt that things needed to "be done better in our home".

**Current Family of Origin Relationships**. Congruent with the stories told above, most of the participants indicated that, while they remain in contact with, feel supported by, and are emotionally close to their families of origin, they have gone their separate ways. Jan seemed to speak about a relationship with her family in which there is a low level of intergenerational intimidation and high level of differentiation when she said, "we don't always get in touch, but their are no walls despite our differences and the geographical distance... they love and support me, but don't tell me what to do". In contrast, Jan's husband Don's parents "want to have lots of involvement in making our decisions...I resist this by (electing to) not tell them some things or make it clear that it is not their decision". Despite their attempts to be what Don sees as over-involved,

Don said, "I get along well with both of my parents...especially my father...we have lots in common. These sentiments were generally echoed by other participants who characterized their relationships with their families of origin as warm but not too involved.

**Dependence, Inter-dependence, Caretaking & Self-Care**. In response to a question asking about the amount of care-of-self relative to care-of-other(s), the participants in this group generally responded that it was, in their spousal relationship, balanced. While not initially sure what was meant by the interviewer asking about self-care, people typically went on to talk about exercise, time alone, couple time, eating right, relaxing with a good book, etc. One theme which emerged was becoming absorbed in duties involved with child care and/or work outside the home. In these instances people stated that they occasionally need to remind themselves of their priorities, but agreed that sacrifice for their families did not feel like lack of self-care, but more a recognition of previously established priorities. This area of questioning attempted to have them talk about any caretaking or "codependency" as Beattie (1985) or Norwood (1985) would describe it. However, congruent with their having all scored in the "mild" range, none of the participants talked about anything resembling

codependence problems. The couple generally dismissed the line of questioning, saying something like what Jan said, "Oh we pretty much take care of ourselves and balance doing things for each other. Sure there are times when it gets a little out of balance, but not for long...and we choose it to be that way when it is. It's not something we are out of control of".

**High Codependence Couples**

The couples interviewed as part of the "high" codependence group were Sam (44) and Barbara (39) G., George (44) and Gail (43) P., and Ron (34) and Debbie (34) P.. Barbara and Sam, who had one child, had been married for 15 years; her first and his second marriage. Both spouses had some college, and their income was in the $51-60,000 range. George and Gail, who also had one child, had been married for 17 years during this first marriage for each of them. Gail had earned a graduate degree, while George some graduate credit. Their income was reported to fall in the $21-3000 range. Thirdly, Ron and Debbie had been married 10 years, each for the first time. During this time they had three children. They reported their income to be in the $31-4000 range.

In contrast to the fact that the three "low" codependence couples were from the comparison sample, two of the three "high" scoring couples were from the clinical

sample. The spouses in these couples, Sam and Barbara, and Ron and Debbie, scored 47 & 38, and 53 & 49, respectively. The third couple, George and Gail, was from the comparison sample. Despite being from two different samples, what seemed to have been clear similarities emerged among the stories told by these participants. While there were also differences, these were primarily related to the presence or absence of alcohol abuse.

The wives in two of these couples scored in the moderate/severe range, while the husbands scored in the severe range on the Inventory. One of these couples was from the comparison sample, and the other from the clinical sample. In the third couple (Ron and Debbie), also from the clinical sample, both spouses scored in the severe range, 53 and 49 respectively. This again is contrary to the suggested gender differences in terms of codependence.

**Family of Origin Relationships**. The overall tone of the stories told by these participants about their family of origin relationships was noticeably (for this interviewer) marked by more of what is often characteristic of dysfunctional family processes. In two couples, during the growing up years of at least one of the spouses', a parent actively abused a substance. In the third (which was the comparison sample couple), the parents were depicted as

being controlling and/or emotionally absent.

Gail's husband George gave some background as explanation for his view of the communication and conflict resolution processes in his family of origin. "I saw my grandmother as the shaping force in my family, very controlled, over protective, and willful...someone who pushed her sons to excel and they did, and then she became bitter (about it) because she never could". Another piece of his puzzle, he said, was that shortly after his parents were married, his father was called away to the war (WWII). "He was away for four years...and was scarred by not being able to be there for the birth of his first-born daughter. She was three years old when he came home. He never knew how to handle a child after that...my mother just took over.

George (in whose family there was no substance abuse of any kind) described his father as "a monster of a man, not that he was physically abusive, but that he was very stern and (unapproachable)...My picture of God is my father with a beard...I lived in fear of him. He was not intentionally cruel...(but) he was not affectionate...he was not there for us. He worked all the time". As George spoke he was clearly filled with emotion, and even remarked that the issues with his father had only recently begun to be resolved. George had been asked to describe his relationship with his family of origin members, to talk

about what he liked, didn't like, thought was positive, and what he would have changed. He summed up his comments about his father by saying, "I knew what ever I was doing could never be as important as what my father had done". This summation is clearly congruent with the quantitative analysis which revealed a strong relationship between high codependence scores and both high levels of intergenerational intimidation and low levels of individuation and personal authority.

George's wife Gail related that she had grown up as an only child of a widowed mother. She had never experienced any significant problems with her mother until it came time for her to leave home for college. At that time "she became controlling and harsh...I think it had to do with being the only child and my mom being a single-parent...but as I look back at it I think she was always like that but I didn't do anything to threaten our relationship". Gail described what could be called an "enmeshed" relationship, and made sense of it for herself by describing the context wherein she and her mother "were all each other had, in many ways". While remembering and telling the story about leaving for college and then, during her senior year accepting a scholarship for study in a city which was further away, Gail began to cry.

Still, Gail was able to talk about how her mother, "agonizes about every decision...becomes cold and rejecting

and manipulative. She says 'you don't love me' and such things...and then comes around eventually; but it's so hurtful". She then described herself as, in these times at least, "the adult in the situation with her mother". At that point Gail was having difficulty talking through the apparent emotion and nodded when the interviewer asked if she'd like to stop talking about her family of origin for a while.

Ron and Debbie grew up in families which they agreed were "very different on the surface, but very similar underneath". Ron talked of his father's abuse of alcohol at times of stress and depression. He said this use was socially supported because of the "blue collar" culture in which he grew up. As a result, his father was "gone to work, or gone drinking, or home drinking and that's when there would be fights between my parents". "My mom had her own problems...she was what you'd call neurotic or something...pretty off the wall and out of control a lot of the time-- especially when my dad tied one on". Ron went on to describe a pretty chaotic environment in which he and his two brothers was left to fend for himself on a number of occasions, without much guidance. On the other hand, he said "my dad made it clear who wore the pants in the family...I guess it was confusing because at other times we caught him with those pants down" (referring to his father's

out of control drinking).

Debbie's family, as they said, seemed diffrent on the surface in that, while his parents were blue collar workers, hers were professionals. Her father was a businessman and her mother a school teacher. In addition, Ron was an only child while Debbie was one of three. However, Debbie's mother, like Ron's father, abused and then became addicted to alcohol. She also was addicted to valium. "There wasn't a night when I didn't see my mom's face take on that artificial glow (from intoxication due to alcohol). Her mood, which was pretty bad when she came home from work, would steadily get more and more mellow and gushy until we could escape to bed". While not directly affecting Debbie and her siblings because of yelling and arguing, the alcohol functioned to "take her away from us. I know my dad felt it because they would fight about her drinking. But as I've gotten older, I think I see that they had problems without the alcohol...fighting even when she was sober".

Sam's father was chief of police and consequently, not home much. "I always resented that he wasn't there, even though we were tight when he was. My mom had the job of raising us, but she worked too. We had chores and responsibilities...maybe I had more than most...I had a job at 14 and by 16 wasn't home much because I was working full time and going to school too". Barbara spoke of

similarities between her family and her husband Sam's, in that her father was very busy with work and hardly ever home. In addition, she said that they had moved every two years until the 6th grade. Still, she said, "The rules were clear and we got punished when we disobeyed. I always thought I was spoiled, not deprived...but we all (siblings were treated equally). As I look back, I was sheltered...no one thought, or at least talked about problems. What we all called 'social drinking' was a regular part of life. But now I see that (drinking and partying lifestyle) got in the way of a lot of important things".

In contrast to the "low" codependence group participants, these people did not talk about an underlying belief system (religious or otherwise) which they perceived brought coherence, order, and/or meaning to their family relationships. On the contrary, even though they were asked the same questions, they talked about families in which there were confused hierarchies, power vacuums because of parental absence or substance abuse, and inconsistency or rigidity; all things which have been previously connected with the development of codependence (e.g., Subby, 1984; Whitfield, 1984).

**Family of Origin Communication & Conflict Resolution**. Continuing to describe her family of origin, Barbara said,

"I didn't have to think about things...didn't have to analyze feelings". She related that her brother was her "overseer and protector", and that although she was "a rebel and caused more conflict" than her siblings, she wasn't made to be responsible. "I would like to have had our family be more into communicating and talking about feelings. Now I'm having difficulty dealing with some things and I know that it has to do with that...like I'm having a hard time with my parents' getting older and dying...and their faults. I would also like to have my Dad more involved with the family. My mom puts herself down in a manipulative way in order to get her ego fed...(she doesn't know how) to deal with her feelings either". Despite his father's being gone a lot and abuse of alcohol, Sam said, "We got through things by talkin' it out and workin' it out. We always dealt with things. Nothing was hidden or ignored". This was confusing since Sam also talked about having been emancipated and married early (his first, which ended in divorce and which he said was a mistake), and told a story of his older brother stealing a car with another boy, getting drunk and wrecking it while out joyriding when they should have been in school. This gave the impression that there was a lack of structure and guidance, possibly partially attributable to his father's absence from home.

Gail, whose mother had reacted so strongly to her

emancipation process, stated that throughout her childhood her mother seemed to "keep a lot of things inside". In addition, Gail said that she has had a difficult time (although less so in recent years) maintaining contact in the face of cutoffs threatened by her mother. Increasingly, in response to stress (e.g., Gail emancipating), her "mother's behavior would change", without "any comment on why the behavior would change. She would blow up and cut me off. She has done this with nearly all her other family. I sometimes wonder, 'will the last to go be me--the final estrangement?'". Despite these fears (about which she cried during the interview) Gail said that she knows her mother is "ultimately totally devoted".

George, her husband, described his family's patterns as similarly rigid. "There were three major blowups, what I call 'injustices' with my father where I think my mother felt like she was in the middle. Once she stepped in and then told me she could never do it again. I hated him (my father). I wanted his praise so much that, later, when he did, I couldn't react to it, what he did give, genuinely". Later, George said, "My father's coldness to his children, never playing with us... (left me with) no role model except in working. He wasn't expressive, couldn't let anyone know he made mistakes. My father and I never exchanged feelings. I didn't think men <u>had</u> feelings". George went on to say

that he still is trying to "outgrow" the effects of this part of his childhood. He is trying to come to grips with his self-worth and identity apart from his father's opinions and values.

The above case is particularly illustrative of the struggle to establish an individuated identity; a struggle in which it is essential to separate from perceived intergenerational intimidation and judgement. In systems in which, overtly or covertly, the younger generation does not have the leadership or permission for emancipating and establishing that identity, as well as lacking the communication and conflict resolution skills to negotiate alternatives, it seems that symptoms (i.e., increased codependence) might be more likely.

**Getting Together**. Responses of "high" codependence group participants were very similar in some respects, to those of the "low" group in this area. Specifically, the couples were likely to agree that, as Barbara said, "there was a feeling of comfort. We had so many similarities. I think it must have been divine order because our paths had been crossing for so many years but we just hadn't met yet". Ron and Debbie had known each other for quite some time before they began to date. But even though they knew each other they didn't know very much about each other or each

others' family. Still, Ron stated, "It was a good fit; my being outgoing and the life of the party fit pretty well with her in a supportive role. We seemed to enjoy the same things and (as reported earlier) our families were pretty similar underneath it all". George's comments were congruent with this view, "It was very easy, very comfortable. It wasn't infatuation, I had grown past that kind of a relationship. We had good communication". His wife agreed, saying, "When we were dating we did a lot of talking" and (formed the basis for our relationship). "Since then there have been no real surprises...we've found depths...grown more devoted".

As Bowen suggests, there is a basis in his Family Systems Theory for couples in either the comparison or clinical samples to find that they have many similarities or complementary ways of relating. It is the underlying similarities in functioning which form a basis for the creation of their relationship (Bowen, 1978). Similarly, recent codependence theories suggest that people from high or low codependence groups would find partners with similar levels of dysfunction in this area, despite differences in the manifestation of these difficulties (Friel & Friel, 1988). The reports of the couples in both groups, in quantitative and qualitative from, support these theoretical assertions. The recognition of these similarities seems to

take place on both intellectual and emotional levels.

Indicating some of what Bowen (1978; Kerr & Bowen, 1987) talks about in describing the connection between the family of origin and dyadic relationships, George and Gail talked about their relationship. Barbara set the stage for their discussing the difficulty they have with not being rigid, and with feelings. "I'm a lot like my mom...I don't handle change well...I deal with change pretty much like my mom deals with change...but he helps me". In response, George stated "I don't handle a crying woman well. I feel cruel sometimes...I just leave her until she's done. I know I'm not being a lot of comfort, I just don't know what to do when she's upset". Explaining her perceptions of their relationship further, Gail stated, "My understanding of his background has made me want to be more understanding of his ranting and railing...but his understanding of mine has helped him to know when he needs to nudge me. The differences aren't all bad".

**Dyadic Communication & Conflict Resolution**. The similarities or commonalities the couples described themselves as having experienced when they first got together were paralleled by their descriptions of their communication and conflict resolution processes. Ron and Debbie agreed that, again in spite of overtly different

appearances, neither of their families of origin equipped them for the stresses of marriage. They described their communication (in times of stress or threatening intimacy) as a series of pursuer-distancer interactions. They also are aware, they said, of their tendency to triangulate substances or people into their relationship. Debbie revealed, "When I am stressed I eat. I guess you could tell that (referring to the fact that she is obese)...but when he was drinking, I was really bad (in her self described eating disorder). When Ron was out drinking I would feel lonely or mad, and the only thing I could think of that really made me feel better, at least for a while, was eating". Similarly, Ron said that they have had to work hardest on (after maintaining sobriety) the conflicts they have which involve their children. "The times when we fight the most are when it comes to the kids. She'll-- or I, it doesn't make a difference-- be doing something I don't like (with the kids) and I have a hard time keeping my mouth shut. Sometimes it seems like its her and them against me...".

Sam talked about similar issues when he described the deterioration of his relationship with Barbara over time. "When I stopped drinking we lost a lot of the ability to communicate. We always drank together...I think it was the vehicle for whatever communication we had. I thought we felt closer, anyway. We talked more and about more

things...but through treatment I became more aware of mine and other people's feelings and (contradicting what he had said about the positive, facilitative role of alcohol in their lives, stated that at the time of treatment their relationship was very strained) so I tried to get us back together. I was puttin' a lot of work into accomplishing that and trying to make up for the past. I became hurt and angry when it didn't jell...she didn't respond. About 1- 1 1/2 years ago I put guilt on myself. She won't talk..., I get frustrated..., she starts crying...,and I get pissed. We don't communicate...aren't as close as I want us to be. I'm trying to stop beating myself up (for the years drinking). It hurts 'cause I miss a close relationship of a friend, a wife. I keep waiting for a bolt of lightening to hit her in the ass so she'll do something".

In response, Barbara said that she sees their relationship "pretty much the same...but he wants to pick something and fix it". Barbara agreed that she thinks she sees the solution as more complicated than Sam does. She also related part of the problem to how she was raised to not communicate. "I come across as unconcerned, but it's (their marital problems) on my mind almost constantly. I feel pressure to change but then I feel attacked and my guard is up a lot of the time. I see where his frustration comes from...a lot of years of pain?". Barbara stated that

she thinks their marital problems dated back further than the drinking problem, saying, "I think it (pre-dated) the drinking...maybe it was there all along". Sam, assenting, said, "I've wondered that too".

In response to the cutoff he feels from his wife, Sam said, "I throw more of that on my daughter than anyone. She is my outlet...probably more than she should be. As I age I become more dependent on people, I think deeper and feel more vulnerable. I miss what I don't have and try (to get some of these needs met through) my daughter". In response to being asked what will happen when their daughter leaves, Sam said, "We probably won't have a relationship".

Clearly, the couples in this group described what could be called cutoffs and triangulation in their relationships; triangulation of substances (alcohol, food) in order to moderate, facilitate or prevent intimacy, and in the face of conflict. Two of the couples also described clear examples of triangulation of one or more children into their conflicts. These accounts are again congruent with the theory (Kerr & Bowen, 1987) and the quantitative results of this study. Sam and Barbara's stories gave an example, as well, of how anxiety-binding mechanisms and other manifestations of dysfunction can change but still evidence underlying difficulties (switching from alcohol to cutoff and triangulation in mediating interpersonal intimacy and

distance needs).

**Dependence, Interdependence, Caretaking & Self-Care.** Given the option of responding to a research question which asked if they identify either one of them as being more dependent emotionally and/or physically on the strength or caretaking of the other, the couples routinely responded that they did perceive that dynamic in their relationship. Ron said "that is something that we have been trying to change recently. I have been the strong one in lots of ways, even though I was the one that drank and went through treatment. I'm stronger than she is...she gets whacked out after a while and I have to take over". On the other hand, Debbie reminded him that she was the one "that held the family together during the worst of the drinking and the treatment...which was almost harder than the drinking...". Similarly, Sam reported, "I'm the one with the radar out about who needs what. She does the non-personal things, chores, household maintenance...no dealing with feelings. I have the harder job of trying to fix the relationship". While Sam described their relationship in this way, Barbara nodded in agreement. "I have a lot to give and need something comin' in", Sam continued, "and I get a lot of these needs met through (my daughter). If I have a need for soothing and attention, I go to her...and ...get a certain

amount of love and affection".

Rather than a classic "alcoholic/codependent" relationship, the couples seemed to describe a "quid pro quo" or trade-off arrangement within their marriage. This was graphically illustrated by the George's and Gail's comments about their relationship. George: "Neither one of us totally...we balance each other out. She is reassured by my presence". To which Barbara added, "I know that when I get out of whack, he figuratively 'slaps me around'. When one of us is off, the other is not" Barbara described their relationship as allowing for "controlled raving"-- when one does, the other is stable, and vice versa. In their relationships, the "high" codependence couples seem to describe difficulty sustaining intense communication in times of conflict and/or struggles for intimacy. George said, "She (Gail) expresses frustration and I (try to fix it)...to get her to grab the bull by the horns". When she doesn't do it his way, he gets frustrated and says, "Do whatever the hell you want". If it is a problem he can fix, "okay, but if she has diarrhea of the mouth...(I tell her to) quit griping..leave me alone if you're not going to do anything with it...". He added later, "I can't stand unresolved situations. I need to call people up and bless them out to get it over with". In their relationship (as in Gail's relationship with her mother), he becomes non-

communicative with her when he is mad. "It's just one of the tools for keeping other people in line", George said.

The difference between the "low" and "high" groups did not seem to be that there was no caretaking or interdependence in the former and lots of it in the latter. Rather, the couples seemed to describe a sort of balance. However, in the latter group, the balance seemed to be marked by more extremes. In other words, the relating of the couple was typically marked by one extreme (e.g., Sam's taking care of expressing the emotion in the relationship) was balanced by another (Barbara's taking care of the majority of the household responsibilities even though she, too, has a full-time job outside the home). This is congruent with Bowen's FST which classifies relationships and functioning in terms of spectrums of behaviors and health of functioning, not dichotomies of health/lack of health (Bowen 1978).

**Difference Couples**

The third group of couples who were interviewed were those whose individual scores on the Friel Codependence Inventory were most different from each other. In all three cases chosen, the differences in scores also meant that each of the spouses scored in a different category of codependence (Friel, 1986). While there were two couples in the "high" group in which one spouse scored in the

moderate/severe range and one in the severe range, the actual scores were not as disparate as those of the spouses in the "difference" group. Bill's score (15) fell in the upper quarter of the mild range, while Margaret's score (27) was in the upper quarter of the mild/moderate range. Similarly, Nancy's (18) and Duane's (34) scores were in the mild and moderate/severe range respectively. And while Sue (scoring 27) was in the mild/moderate range, Frank (44) scored in the top of the moderate/severe range.

Thus, according to Friel Inventory scores, there were three varying combinations of "Difference" couples represented. Two of the "difference" couples were from the clinical sample, and one (Bill and Margaret) from the comparison sample. Knowing this going into the interview, and subsequently in reviewing the videotape, led the researcher to wonder if these might be couples in which there was the "traditional" type of codependent patterns or characteristics suggested early on by Whitfield (1984). In addition, the researcher was interested in looking for differences between the stories of this group and the previous two.

Bill (41) and Margaret H. (37) had been married for 16 years, had six children, and an income falling in the $61-70,000 range. This was the first marriage for each. Margaret had graduated from college, and Bill from graduate

school. Frank (34) and Sue (30) A. were married a little over a year prior to the study, and had three children who lived with them. Two of those children were from Sue's first marriage. Frank had not been married before. Sue had attended two years of college, and Frank had his high school diploma. The M. couple, Duane (37) and Nancy (33), were married for 2 years and had one child. Each had been to college, but Nancy was the only one who had graduated. Their income was reported to be in the $21-30,000 range.

**Family of Origin Relationships.** Family of origin relationships in this group, as might be guessed on the basis of the fact that the spouses scored so differently, received mixed reviews. Frank and Sue, who scored 44 and 27 respectively, reported generally negative family of origin experiences. Frank said he "doesn't even really remember (his) mother. And most of my memories of my dad are (tainted by the fact that) he was an alcoholic. I remember my dad, my brother and me would take these train trips out of the city to a park to go fishing. Those were fun, but my dad usually stopped on the way to get a bottle". Frank related that he didn't remember much else about family relationships except that they got more distant and fragmented after his parents divorced "because of my his (father's) drinking". Frank and his two brothers and sister

were separated and ended up living in different states, not seeing each other often. Then, when his parents each remarried, he remembers a lot of conflict between himself and his step-father: "I remember a lot of yelling and fighting". Similarly, Sue said that she grew up "the black sheep" in a family of three children. "My brother was the good one". True to the black sheep role, she "acted out as a teenager, you know, drinking and stuff". When asked about the quality of her relationships with her parents, she said, "I couldn't trust my parents to not overreact".

While Bill (score 18, mild codependence) and Margaret (score 34, moderate codependence) reported more positive relationships with their families (remember they were a comparison sample couple), Margaret's included an account of a situational crisis which directly affected her identity and coping skills. She told a story of how her father supported her mother "during her severe depression" which lasted several years. She said this depression in her mother affected her because "mom wasn't as available as I wanted her to be". Her father, she said, "was very giving...had a loving heart...and...supported everything I did". Despite the problematic period when her mother was depressed, Margaret had the sense that "they had trust (in me) and I felt that trust".

While Bill's family also had some difficulties with

communication (see next section), he talked about experiencing them as supportive and loving. However, they (parents) had some difficulties "especially with my sister...she had a baby out of wedlock as a teenager and they didn't know quite what to do about that. My parents (also) had very high expectations... and had difficulty letting go". Thus, the difficulties in Margaret's family were perceived as directly affecting her, but those in Bill's had more to do with "my sister". Perhaps the difference in codependence score can be attributed, in part, to this difference.

Duane and Nancy described families of origin which, based on the connection between family of origin dynamics and level of codependence illustrated by the quantitative data, logically were reflective of their scores on the Friel Inventory (they scored 34 and 18 respectively). Duane initially described his family as "close...normal...I know all my kin. It wasn't really a dysfunctional family at all. But as time went on, some of us started having problems with substances". Duane then began to contradict this description of his family as "close and normal", and subsequently realized the contradiction. He was stimulated to keep on talking by questions and comments from Nancy, who obviously saw his family as being more "dysfunctional" than he wanted to. As he spoke it seemed as if the picture of

his family of origin became more focused for himself. "My mother and father have never trusted me as an adult. They don't respect me or my decisions". He described two parents who seemed to see him as someone who needs constant guidance. "They have (for a long time) done things like open my mail...listen to (my) phone conversations...follow me around. They never really wanted to let us go".

At that point Duane seemed to make an intergenerational connection and stated, "She (mom) has a sister who never left home. We are her babies. My brother moved away to Texas...probably to get away. He's in the music business and Austin is a really great place to be (in that business). But I never really thought about it until now. He's coming this weekend...I'll have to ask him about it. My other brother just moved out again (from his parents' home, at age 36). He just got a house of his own". But then, Nancy asked, challenging him, "Yeah, but who owns it?". Apparently Duane's father bought it and let him move into it. Subsequently, Duane went on to describe how, in his opinion, his parents had "made it easy to be dependent. I've got a lot of money from them over the years". He stated that he thought it had to do with "my mom wanting all the control...to make all the decisions; even if you just pay her lip service".

Duane and Nancy were both talking by this time, and

together wove the story that the over-attachment to grown children had to do with the distance in Duane's parents' marital relationship. "They were never close...or showed intimacy. (They even showed) some hostility. My parents were never united; we could always break them apart". Nancy added that she thought that this over-dependence and support from his parents is what largely "enabled his abusing (of substances). They gave him money for stuff...they even helped him pawn money for drugs! It's crazy. If you knew your son had a drug problem, would you take him to the pawn shop to help him sell some stuff? His mom did!". By this time, Nancy was being very outspoken about the fact that she disagreed with what his parents had done, and expressed her anger at them for it. "His dad even bought him some beer. All he'd have to do was call up and say 'Dad, go buy me some beer', and his father would do it and bring it over". Duane's descriptions of his family relationships suggest high levels of intergenerational intimidation and triangulation, as well as low levels of individuation and personal authority. The latter is clearly represented by Duane stating "They don't see me and her as parents in our own right".

Conversely, Nancy (whose score of 18 is in the mild range of codependence), described the context of her family relationships as one in which she was taught responsibility

and decision-making. "My parents wouldn't provide any answers. They made me be self-responsible". If she was to make a decision about something, she said her parents, particularly her mother with whom she spent more time, would give her an opinion but never make her do something. "She said it was so that I couldn't come back and blame her for something that happened (as a result)". These types of experiences might ostensibly encourage a more individuated identity in a developing adolescent-adult. But why then, given Bowen's theory about people at similar levels of differentiation being attracted to and marrying each other, would Nancy and Duane get together? Perhaps the experience was one of being given too much freedom and not enough leadership (her father, for example, "was hardly ever home since he worked all the time"). These experiences could have taught her to be pseudo-individuated and fostered in her a need to be in control in relationships; complementary to Duane's "training" to be irresponsible and dependent.

**Family of Origin Communication & Conflict Resolution**. Duane's descriptions of his family's communication and conflict resolution were congruent with those of their relationships in general. "Communication was a problem. We didn't communicate well at all; especially my parents with myself and my (siblings)...especially as teenagers".

Nancy's description of her family, on the other hand, was one in which "my parents communicated well with each other. They were a role model for how to communicate. I only saw my parents in one argument in my whole life. My parents were best friends. I saw my parents as one unit".

Bill described his father as "very quiet" and stated that "communication was very difficult growing up. My mom pretended that the past didn't exist, things that were unpleasant just didn't exist. I never saw them (parents) get mad at each other or fight...there were no open fights or screaming". In response to hearing Bill say that there were no overt conflicts, the researcher was interested to know if there was much expression of feelings in general. Bill said, "They told us they were proud of us,...that they loved us...but not a lot of feelings". He described his father as very calm, "a flat line", and commented "I'm very much like my father". Margaret described her family as communicating "very well", adding, "My parents talked more than his. There was lots of kissing and hugging". My communication with my father was very good, but I am more like my mother in that I hold things in. Like two of the couples in the low group, Bill and Margaret were also Mormon. They, too, emphasized the importance of their belief system and extended family ties as important to maintaining their family's well-functioning.

**Getting Together**. These couples, similar to those in the first two groups, reported that they found in their spouse someone who had similar values and interests. For Sue this meant finding in Frank someone who had been in recovery longer and seemed to be dedicated to sponsoring people in a successful recovery. She had been in AA about two months when she first met Frank. She met him on several occasions before he finally asked her out, but she said that he had impressed her as "someone who really was working his program and who cared a lot for people". Similarly, Bill stated, "we had the same values...I found this out while we were working together on the same project with cub scouts in the inner city. She was a mother-type, not a working woman-type and...I wanted this...a big family". Margaret concurred, saying, "I looked at how he dealt with children and his family". Bill added, with Margaret nodding agreement, "We had, and have, the same values in raising children, saving money, religion...".

Nancy and Duane described similar attractions. They had known each other since 1974 and dated during three different time periods before finally getting together three years previously. "She's honest...easy to get along with", Duane said. They stated that they had similar values, ideas and ideals. Duane talked as if he admired Nancy when he

said, "She's a person who takes up the slack from all the slackers", later explaining that she is a hard worker and will work for what she believes in. In response, Nancy related that she admires him because "he's really talented...honest...but it's hard for him to realize it. When he's sober (he can), but in the past he's not been (sober)".

The explanation for the differences in the levels of codependence reported within these couples seems to be clearer for some, e.g., Duane and Nancy, than for others, e.g., Bill and Margaret. Perhaps further explanation may be found in looking at what they had to say about dyadic communication and conflict resolution, since the quantitative data suggest that, in the comparison group (e.g., Bill and Margaret), codependence is more strongly predicted by dyadic than family of origin functioning (Hypothesis 12, Table 23).

**Dyadic Communication & Conflict Resolution**. "We both are carrying some baggage from our families", said Bill. "Margaret has been frustrated with my lack of expressiveness. Margaret agreed. "We're both kind of bull-headed sometimes", Bill continued, "Margaret will let it go until it builds up and this causes a crisis sometimes". When asked how the crisis is resolved, Bill stated, "She

sends body language", and that Margaret will write a letter, cry, or be silent until he gets the message.

This story confirmed Margaret's perception of herself as "like my mother...holding it in" (above). "We spend time problem-solving about how to communicate better", Bill added, "but we've tried for a while now and haven't been too good about setting time aside". This scenario differs from those of the "low" codependence group in that the latter communicated directly or indirectly that they "have a plan (style or method) that works for us". Despite the fact that Bill and Margaret share similar values and ideas, and grew up in families in which there was no substance abuse, they as a couple did not score in the mild range. Bill's score was at the top of the mild range, and his wife's was at the top of the mild/moderate range, indicating a higher level of codependence. Perhaps this is related to Bill's lack of expressiveness, and Margaret's lack of satisfaction with this characteristic in Bill, and her tenancy to "hold things in" while trying in vain to communicate her feelings to her husband.

Duane reflected the experience he seemed to have had being triangulated into his parents' relationship when he said, "I say whatever you want to hear...I'm an a..-kisser, a B...S...er". I don't like conflict...and...no conflict means no communication is necessary". When asked how they

as a couple resolve problems that inevitably come up in life, Duane said, "when I'm backed into a corner, I'll communicate... but, I'm not going to talk if it causes a hassle". While Duane was talking, Nancy was nodding vigorously and smiling a wry grin, affirming that this has been her experience with her husband. "I have to hang on to him...make him be responsible...you know, smack him every once in a while...", she said. "I tune her out; it just goes by me. I'm a pretty uncommunicative kind of guy, unless it's something that won't cause me a problem".

The interviewer asked them to describe their process for resolving conflicts. Duane was the first to respond, saying, "When she's upset I step back and let her hit me with it all...and generally she's right. I don't want to get blasted, but she has to give me a blast in order to get me to do what needs to be done (e.g., around the house). Nancy concurred, but stated that this part of their relationship bothers her. "I don't like having to be responsible for everything", she said partially in answer to the question and partially, it seemed, addressing her husband with a plea for him to be different. "I internalize a whole lot of stuff, people tell me", Duane said. I think I just blow it off, don't let things bother me. But, I guess I used to drink a lot. I'm sometimes downright embarrassed by my dad-- and I'm appalled by how much I'm

like him".

This description is one which typifies the stereotypical codependent relationship (e.g., Subby, 1984; Wegscheider, 1981). But it is confusing that Nancy, the over-responsible one, got the lower codependence score (18- upper mild range), while Duane, the recovering alcoholic, got the higher score (34- moderate/sever range). The impression gained by the researcher during the interview was that Duane was clearly the "identified patient" and Nancy the "competent one". Perhaps this influenced how they each responded to the questions on the Friel Inventory, inflating his and deflating her score.

<u>Dependence, Inter-dependence, Caretaking & Self- Care</u>. Congruent with their description of communication and conflict resolution processes above, Duane and Nancy depict her as the "strong one", the one who "takes care of things" and, as he said "gives me a blast' so that "I'll do what needs to get done". Oddly enough, however, this "caretaker" or over-responsible one (Nancy) scored lower than the "irresponsible" one (Duane). Nancy did qualify her assessment of Duane by stating that he was definitely more responsible since he quit using drugs recently. "Before, I was doing everything" and was "real apprehensive about the changes which might or might not take place", but "since

then (treatment), he has been Mr. Mom to the max" (she works outside the home, while he takes care of their son). Although she still sees that maintaining their relationship has been delegated her job, she insisted, "It's not always my job to do it".

Speaking about his wife, Bill said, "she is more responsive than I am. She picks up on what is going on with others". He told a story about how he will be oblivious to what is going on with someone else at church, where he is an elder and supposed to know about such things, while people will come up to Margaret and volunteer information about the problems. He described his wife as being more approachable. "I tend to be somewhat more cold emotionally... (and) have less sympathy". Margaret, casting these characteristics of her husband in a more positive light, stated, "He has a scientific and analytical mind...whereas I've had some classes in things like (reflective listening) and marriage and the family".

Bill and Margaret were then asked to draw a parallel to their marital relationship. They agreed that Margaret, who scored 12 points higher than Bill, is definitely the one who is more of the "caretaker" of the relationship. In terms of self-care, Margaret said "I'd sooner die before I'd ask for help", and related a story about being sick right when they were supposed to be moving. Bill called some friends to

help and "it killed me" to have them "do what I should have been doing". These descriptions and stories seemed to support and give meaning to this couple's codependence scores. In addition, they may be reflective of the difference between the comparison and clinical samples in the development of codependence as suggested by the quantitative analyses; namely, that, in the comparison sample, codependence may at the same time be more indicative of the gendered characteristics of women, as well as predicted by the quality of individuation and intimacy within the dyadic relationship.

## Relationship of the Phase I and Phase II Results

The following sections summarize the "findings" of the qualitative phase of the study relative to the three groups interviewed, and explores the connections between the quantitative and qualitative data. Because Hypotheses 1 & 2 pertain primarily to the demographics of the spouses, those will not be addressed to a great extent. Rather, where applicable, Hypotheses 3-12 will be the focus of most of the discussion.

### Low Codependence Group

All three of the couples were from the comparison sample. Consequently, only the results directly associated with the comparison sample data, or the comparison sample

data as it contrasts with the clinical sample data, will be used in this discussion. Overall, the stories told by the spouses in each "low" group couple and impressions gained by the researcher-interviewer support the findings of the quantitative phase. The spouses in this group were of similar age and educational level, and all but two had been married only once.

The stories that they told about their families of origin were very similar indicating that they experienced relatively high levels of intimacy, a developing ability for becoming individuated and having established a sense of personal authority within the intergenerational context. The participants' accounting of their family of origin experiences suggested that there was an ability to seek, establish and maintain a desired level of intimacy with at least one parent, and that this relationship did not sacrifice or significantly interfere with the relationship between the parents in the family of origin.

The development of a sense of self in this context seemed to have taken place despite the fact that, in some of the participants' perceptions, relationships with parents were not all positive. This seems congruent with the conclusion suggested by the quantitative data that, within the comparison group at least, the most powerful predictors of emotional health, individuation, and low codependence,

are characteristics which are more meaningfully measured within the context of the spousal relationship.

The "low" group participants seemed to have very similar perceptions of their dyadic relationship and nuclear family functioning. This also is congruent with Phase I results which indicated no significant differences between spouses in this area. A significant, but unexpected factor in the development of committed, workable, and hopeful relationships was based on the above-mentioned belief systems which were intergenerationally transmitted and cultivated. The couples stated directly or indirectly that they had a "plan that works" for them in terms of communication, conflict resolution, division of roles, and for the future of their relationship in general.

When asked about issues related to the dynamics of codependence, over-responsibility/under-responsibility, and self-care, all of the participants stated that they did not identify anything of the sort in their relationships. The amounts of caretaking of other, self-care, and inter-dependence were described to be balanced and satisfactory. Even where the spouses talked of being burdened at times by the demands of work and family, they related that this was because of chosen priorities rather than victimization. This view seemed to give meaning which cast any stress in an overall positive light.

As mentioned briefly above, the spouses in this group did not differ in their assessment of the level of codependence in the relationship. This, too, may be related to the overall perceived health and strength of the dyadic relationship. If so, this would be consistent with the finding that, within the comparison sample, spousal individuation and intimacy more than any other PAFS dimension, predict level of codependence. The higher the ability for attaining the desired level of intimacy and the greater the amount of individuation within the spousal relationship, the lower the level of codependence is likely to be.

Apparently agreeing in their assessments of the relationships, the spouses' reports (and scores) were consistent with the quantitative results of no significant differences between men and women in the likelihood that their scores would fall into mild or mild/moderate versus moderate or severe categories of codependence. However, the results did conflict with respect to gender differences regarding the level of codependence in that Phase I comparison sample results suggested women will score significantly higher than men on the codependence inventory. The scores of spouses in these couples were very similar to each other, as were there opinions about codependence in their relationship.

**High Codependence Group**

Similarly congruent with the Phase I results, but conversely related, the participants in the high group reported more "dysfunctional" family of origin and nuclear family experiences. Particularly striking, but on a non-verbal level, it was in this group that several people being interviewed became visibly upset, beginning to cry or becoming "choked up" and momentarily unable to talk further. The experiences related by these people indicated intergenerational difficulties with intimacy, higher levels of fusion (with the emotional reactivity being manifested in over-involvement or cut-offs) and intimidation, and lower levels of personal authority. There were no instances in which one spouse reported primarily positive experiences while his or her spouse reported negative; thus supporting the quantitative results of no significant differences between spouses.

The Phase I analyses which suggested no differences among spouses in level of codependence were also supported by the participants telling of the different manifestations of their difficulties communicating, getting needs met, being satisfied with their lives, as well as feeling overwhelmed and out of control. However, in two of the couples, the spouses' codependence scores themselves were quite different from each other; more so than the scores of

spouses in either group. Also contrary to the quantitative results, traditional notions of codependence (Wegscheider, 1981; Whitfield, 1984), and feminist critiques of the codependence construct (Haaken, 1991), the male alcoholics in the "high" group scored higher on the codependence inventory than their "codependent" wives.

The participants in this group generally described troubled family of origin experiences, unresolved difficulties in dyadic relating, and noticeable traits of codependence. Congruent with the analysis of the quantitative data, then, there seemed to be a connection between both family of origin and current functioning, and the described codependence. But the stories told about the family of origin experiences seemed more "negative" than those related to the current family relationships. There may be many factors which contribute to this phenomenon, including the fact that there were no family of origin members present, while the interviews were conjoint. Consequently, it is difficult to tell whether or not the qualitative interviews support the Phase I results which suggest that family of origin, more than nuclear family dynamics, predict codependence in this group.

**Difference Group**

In this last group, the picture was less clear. While the spouses were similar in demographics, their stories were

not as consistent with the overall findings of Phase I.

Congruent with the results of the analyses investigating differences in codependence scores, the female in the comparison sample couple scored significantly higher than her husband. In addition, they agreed that she is the one who "has her radar out" and is more likely to be sensitive to, and responsible for, others feelings, while being inclined to keep her own needs and/or hurts to herself, communicating them most often indirectly. On the other hand, the husbands in the other two couples (one a recovering alcoholic and the other not) scored higher than their wives by as much as 17 points. As has been discussed above, this is contrary to the results which suggested that alcoholics are not significantly more or less codependent than their spouses, nor are clinical sample males significantly more or less codependent than females.

The parallels between family of origin dysfunction and symptoms in the individual (e.g., as indicated by alcoholism or codependence score) were strikingly clear. For example, those with the higher scores were the ones to describe their families of origin as troubled by patterns of triangulation, difficulties with the process of individuation, and ongoing problems in confronting or resolving intergenerational intimidation and developing a sense of personal authority. These impressions are consistent with the results from Phase

I. In addition, it was these individuals who were identified as having more difficulty with the expression of feelings, communicating, and resolving conflicts. On the other hand, their spouses described their past and current relationships with their families of origin, as well as their experience of themselves, in a more positive fashion.

# CHAPTER V

# SUMMARY AND CONCLUSIONS

This chapter first summarizes the findings of both Phase I and II of the study, as well as the meaning given the quantitative results by the qualitative interviews. Subsequently, conclusions relative to theory and treatment are outlined. The limitations of the study are discussed, and based on these limitations and the conclusions of the study, recommendations for future research are made.

Two groups of 60 subjects each participated in this two phase study. A clinical group was composed of 30 recovering alcoholics (50% male and 50% female) and their spouses. A matched comparison group consisted of 30 spousal pairs. The subjects were all Caucasian, married, and 30-50 years of age. The majority of subjects had been married only once, with clinical group participants more likely to have been married more often, and consequently, not as long. There were no significant differences between the two sample groups in terms of age, education, birth order, family income, number of children in the current family or families, family of origin income, or father's or mother educational level.

In Phase I, the participants completed three questionnaires: the Personal Authority in the Family System

Questionnaire- PAFS (Bray, Williamson & Malone, 1984a & 1984b) which contains eight subscales operationalizing and measuring the constructs of intimacy, individuation, authority, intimidation and triangulation within the intergenerational and nuclear family contexts (Bowen, 1978); the Friel Codependence Inventory which measures codependence (based on the Iceberg Model of Codependence-- Friel & Friel, 1988); and a 12 or 17 item (comparison and clinical groups respectively) demographic questionnaire. These instruments were used to assess the relationship between the family of origin and nuclear family dynamics (PAFS subscales), the level of codependence (Friel Codependence Inventory), and demographics, with particular attention to differences between clinical and comparison groups, as well as differences between spouses in each group.

Phase II consisted of a follow-up interview of nine couples who had previously participated in Phase I and indicated a willingness to be involved further. These couples were divided into three groups depending on their scores on the Friel Codependence Inventory: three couples whose combined scores were very high (each spouse scoring in at least the moderate/severe range), three whose combined scores were very low (each spouse scoring in the mild range), and three whose scores were quite different from each other (different enough so that their scores fell into

different categories of codependence). The spouses were interviewed in conjoint sessions regarding their perceptions of family of origin and dyadic functioning, as well as characteristics associated with codependence.

**Significant Findings: Phase I**

Overall the results of Phase I revealed few significant differences between spouses in either group on the PAFS intergenerational and current subscales. The findings relevant to the main hypotheses of this project are summarized in Tables 21 & 22. These results generally support the assertions of Bowen's FST regarding the similarities between husbands and wives; that, on the level of intergenerationally transmitted interpersonal functioning within the emotional system, people form intimate relationships with each other partially on the basis of similarities in functioning.

There were three exceptions to these findings; two within the comparison group and one within the clinical group. The comparison group husbands' mean score on the Intergenerational Triangulation subscale was significantly lower than that of their wives. This indicates that comparison husbands perceived more (because the subscale is scored inversely) triangulation in their family of origin relationships. Bowen's FST (Kerr & Bowen, 1987) predicts no

**Table 21**

**Summary Table: Phase I-- Analysis of Variance Results (1)**

| | Clinical | | Comparison | | |
|---|---|---|---|---|---|
| | **Alcoholic vs Spouse** | **Husband vs Wife** | **Husband vs Wife** | **Clinical vs Comp** | **Male vs Female** |
| **Inter. Intim.** | NS | NS | NS | CL < COMP | NS |
| **Inter. Indiv.** | NS | NS | NS | CL < COMP | NS |
| **Inter. Trian.** | NS | NS | NS | NS | M > F |
| **Inter. Intim.** | NS | NS | NS | CL > COMP | NS |
| **Spousal Intim.** | NS | NS | NS | CL < COMP | NS |
| **Spousal Indiv.** | A < S | NS | NS | CL < COMP | NS |
| **Nuclear Trian.** | NS | NS | NS | CL > COMP | NS |
| **Personal Auth.** | NS | NS | NS | CL < COMP | NS |
| **Codep.** | NS | NS | H < W | Cl > COMP | NS |

**Note.**
1. In interpreting this summary table: **Inter.**= Intergenerational; **M**= males; **F**= females; **A**= alcoholics; **S**= spouses; **NS**= no significant findings; **CL**= Clinical group; **COMP**= Comparison group; <= significantly less than; >= significantly more.

significant differences. But on the other hand, ideas about relationships based on feminist theory (e.g., Gilligan, 1982) might predict women perceiving or experiencing more triangulation. Consequently, these results were surprising.

The second exception within the comparison group was found in analyzing the differences between husbands' and wives' codependence scores. Congruent with feminist predictions regarding codependence (e.g., Haaken, 1990), the mean of comparison group wives' codependence scores was significantly higher than that of their husbands. While contradicting the Iceberg Model of Codependence, these results are congruent with the feminist charge that this construct pathologizes the gendered characteristics of women. These findings were not upheld in the clinical group, however, indicating that other more powerful forces may be at work in alcoholic families. Codependence may be "fostered" by differing factors in the two populations; social gendering and spousal relationship roles and dynamics in the former, and family of origin dysfunction in the latter (see below for further summary).

The exception to the general finding of no significant differences within the clinical group was that alcoholics' spouses as a group (male or female), had significantly higher scores on the PAFS Spousal Individuation subscale than the alcoholics. This finding suggested that, congruent

with reports by writers in the field of family alcoholism studies (e.g., Wegscheider, 1981), the spouse of an alcoholic may experience more emotional fusion within the dyadic relationship than the alcoholic.

Overall, there were significant differences between clinical and comparison groups on most of the PAFS family of origin and current subscales, as well as scores on the Friel Codependence Inventory. These results indicate that clinical participants experience significantly higher levels of Intergenerational Intimidation, as well as lower levels of Intergenerational Intimacy and Individuation. Similarly, this group reported significantly lower levels of Spousal Intimacy, Spousal Individuation, and Personal Authority, as well as higher levels of Nuclear Family Triangulation. In addition, clinical group participants report significantly higher levels of codependence than those in the comparison group. These results support both Bowen's Family Systems Theory (Bowen, 1978; Kerr & Bowen, 1987) and the codependence literature (e.g., Cermak, 1986a; Subby, 1984; Friel & Friel, 1988) which suggest that there are differences between clinical and non-clinical populations.

Within the clinical group all of the PAFS subscales were moderately associated at significant levels with codependence (Table 22a). In addition, Intergenerational Intimacy, Triangulation and Intimidation, as well as Spousal

Intimacy were the strongest predictors of codependence (Table 22b). The results within this group support the theoretical assertions of Bowen's FST, with dysfunctional family of origin dynamics and current functioning (reflected in self-report perceptions of level of codependence) being strongly related.

On the other hand, among the comparison group spouses as a whole, none of the Intergenerational subscales of the PAFS were strongly related to codependence level (Table 22a); and only the Spousal Intimacy and Spousal Individuation subscales predicted the level of codependence at a level of significance less than or equal to .05 (Table 22b). However, related to the within group significant gender differences on codependence revealed by analysis of variance and paired t test, different subscales predicted codependence for women than for men within the comparison group. As previously mentioned, there were significant differences between the mean codependence scores of men and women in the comparison group, with females scoring higher than males. These results generally support the feminist critique of the codependence construct. In addition, they suggest, at least for the comparison group, that codependence may be due to gendered sex role behaviors and attitudes rather than family of origin dysfunction. Codependence in comparison group males was predicted by two

**Table 22a**

**Summary Table: Phase I-- Intergenerational & Current PAFS Subscales Associated with Codependence (1)**

| | Comparison | Comparison Husband | Comparison Wife | Clinical |
|---|---|---|---|---|
| **Inter. PAFS Subscales** | NS | NS | TRIAN | INT<br>IND<br>TRIAN<br>INTIM |
| **Current PAFS Subscales** | INT<br>IND | INT | INT | INT<br>IND |

**Table 22b**

**Summary Table: Phase I-- Intergenerational & Current PAFS Subscales Predicting Codependence (1)**

| | Comparison | Comparison Husband | Comparison Wife | Clinical |
|---|---|---|---|---|
| **Inter. PAFS Subscales** | NS | NS | TRIAN | INT<br>TRIAN<br>INTIM |
| **Current PAFS Subscales** | INT<br>IND | INT<br>IND | IND | INT |

Note.
1. In interpreting these summary tables: **Inter.**= Intergenerational; **NS**= no significant findings; **INT**= Intimacy; **IND**= Individuation; **TRIAN**= Triangulation; **INTIM**= Intimidation.

current PAFS subscales (Intimacy and Individuation). Codependence in comparison group women was predicted by Intergenerational Triangulation and Spousal Intimacy. These results suggest that codependence in the comparison group may be generated and experienced or manifested more noticeably within the spousal context.

**Significant Findings: Phase II**

The results of Phase II were largely congruent with those of Phase I. The stories told by the spouses in the low and high groups seemed markedly different. The "low" group spouses were more likely to describe primarily positive family of origin experiences which included a strong, communicative, and supportive relationship with at least one parent or other adult. They were also more likely to talk about having a solid agreement between themselves about values, ideas, and ideals-- which, in turn, are based on the foundation of a belief system (religious or philosophical) which was handed down to them from their parents. It is this belief system and philosophy of life, they reported, which gives them a joint vision for the future, a dedication to each other, and an assurance that they will be able to manage any difficulties which they encounter.

The spouses in the "high" group, on the other hand,

consistently described family of origin experiences which were marked by alcoholism, divorce, family disruption, and difficulty managing emotional system anxiety other than by triangulation and/or emotional cutoffs. The descriptions of their couple relationships included ongoing difficulty communicating, resolving conflicts, and establishing mutually desired levels of intimacy. Unlike the "low" group spouses, those in the "high" codependence group were quick to identify one or both of themselves as "codependent".

The interviews with couples in the "difference" (in level of perceived codependence) group were appropriately different from those in the other two groups in several ways. In two of the three couples, one of the spouses told stories of their intergenerational relationships which sounded more like those of the "low" group, and the other told stories which were more like those of the "high" group. Congruently, the spouse whose stories were marked by more obvious dysfunction also described him or herself as currently experiencing more difficulties (e.g., in terms of caretaking, communication, dealing with troubling feelings) than his or her spouse.

It is interesting to note that, in contrast with the finding of no significant differences between mean codependence scores of males and females in the clinical group, in three out of the four clinical couples interviewed

in Phase II, the male scored higher on the Codependence Inventory. Similarly in contrast with the Phase I results indicating that comparison group women score significantly higher than men, in only one of the five comparison group couples interviewed was the woman's score higher. In two the spouses' scores were the same; in two the husbands' scores were higher.

## Implications for Theory

The family focus on the addictive process is evidenced by an increasing amount of related research in the past 15 years. The recent research has covered a wide range of issues, with studies substantiating the crucial role that the family system dynamics play in the development and maintenance of compulsive and addictive behaviors. The evidence is mounting, especially in light of recent rigorous, longitudinal data (e.g., Shedler & Block, 1990). The ongoing interest in attempting to understand addictive processes within the family, especially the reciprocal effects involved, has been spurred by clinical experiences in which the addict has been found to live within an important multigenerational, interactional context. Steinglass (1979a & b), for example, in remarking about the importance of such a conceptualization of alcoholism, stated that "as long as the alcoholic individual was viewed in isolation and explanations for his or her abusive drinking

were related only to individual psychodynamics..., the only logical treatment approaches would be individually oriented....(however) ...once attention had been focused on families of alcoholics, it became obvious that the relationship between the alcoholic and his family is not one-way... the family can either help or interfere with the treatment process" (1979: p.159). Similarly, an understanding of the family context may bring meaning to the related phenomenon of codependence.

## Intergenerational Transmission of Behavioral Patterns

Family systems theorists have developed several key concepts to describe family relationships, family process, and the development and transmission of interactional patterns over the generations. "Relational patterns result from a combination of overt and covert expectations and attributions of family members" (Bray and Williamson, 1987, p.32). These expectations and attributions, through reinforcement of behaviors, as well as social learning and modeling, are transposed into behavioral patterns. These patterns become the fabric of the family emotional system and are passed down from one generation to another. The behavioral patterns can be seen as being learned and reinforced in the context of the family of origin, with the learning being intertwined with the interpersonal attributional process (Bray & Williamson, 1987).

These ideas regarding patterns in general may be applied to alcoholism and codependence as varying manifestations of the dysfunctioning family system (Friel & Friel, 1988). The precise mechanisms of the transmission of these behavioral and emotional phenomena are unclear (Woodside, 1983), and have been hotly debated (e.g., Cermak, 1986a; Haaken, 1991; Jacobs, 1986; Peele, 1986). However, the most convincing data to date suggest that they are due to specific combinations of predisposing factors and environmental stressors (Bennett, Wolin, Reiss, & Teitelbaum, 1987; Cloninger, Bohman, & Sigvardson, 1981; Jacobs, 1986; Kumpfer & DeMarsh, 1986), including family of origin dysfunctional patterns. In addition, there seems to be a reciprocal influence between the various components (Bennett, et al., 1987).

A large body of clinical and empirical literature (e.g., Bennett, et al., 1987; Cotton, 1979; Friel & Friel, 1988; Glenn & Parsons, 1987; Hollis, 1986; Lewis, 1989; McKenna & Pickens, 1981; Midanik, 1983) substantiates the assertion that patterns of involvement in various forms of addiction are intergenerationally transmitted. In addition to being able to trace an intergenerational pattern of the addiction itself, researchers have also illuminated the transmission of related behavioral and relationship dysfunction.

As adults, people affected by marked family system dysfunction continue to experience difficulty related to control, expression of feelings (Black, 1981), and in forming and sustaining constructive relationships (Lincoln & Janze, 1988). The families of addicted individuals have also been reported to experience greater dysfunction prior to the development of alcoholism in an individual (Friel and Friel, 1988). Unless grown children of alcoholics create and implement a deliberate plan toward disengaging from troublesome aspects of the family of origin and developing healthier patterns in the current generation, they are more likely to perpetuate dysfunctional patterns (Bennett, et al., 1987).

These findings have raised important questions about the intergenerational transmission of various manifestations of codependence. Since not only an addiction within the individual, but also related emotional characteristics and behavioral patterns are intergenerationally transmitted, it becomes unclear which is the etiological component-- the addiction, dysfunctional patterns, or both? Whether a compulsive or addictive symptom is the cause or the result of the dysfunction becomes an unanswerable question. Within the context of systems theory, the assertion is, however, that neither answer is correct. The relationship between dysfunctional interactional patterns, a dysfunctional

system, and dysfunctional individuals is reciprocal and recursive (Bowen, 1978; Kerr & Bowen, 1987; Minuchin, 1974; Watzlawick & Weakland, 1977).

## An Intergenerational Family Systems Model of Codependence

The results of this study suggest that Bowen's Family Systems Theory may be used to explain the commonalities among the various manifestations of codependence, including addictive and compulsive behaviors, and related interactional patterns. The multiple manifestations of codependence are related to the underlying family of origin dynamics. The effects of these dynamics on the members of the emotional system are illuminated by examining constructs such as those of Bowen's FST which appear to be intergenerationally transmitted within the social context and influenced by other variables, e.g., gender.

The various anxiety binding mechanisms-become-symptoms can be seen as being manifestations of the adjustments of the members of the emotional system to acute and/or chronic stress and anxiety. These anxiety binding mechanisms may include the triangulation of a third person, substance and/or activity into the otherwise unmanageable interpersonal emotional field. The resulting triangle stabilizes the dyadic relationships within the intergenerational emotional system and facilitates an increase in fusion between the identified patient and

his/her alcohol, narcotic, work or other activity, eating behaviors, or relationship. The individuals in dyadic relationships within the emotional system learn these idiosyncratic methods for binding intra- and inter-personal anxiety within the family and social contexts. Since basic levels of differentiation remain constant (Kerr & Bowen, 1987), similar patterns will be used in the context of subsequently developed nuclear family emotional systems.

Bowen's theory indicates that people with "equivalent levels of personal differentiation" (togetherness needs and emotional development), seek each other out in relationships. The behavioral complementarity and similar level of differentiation in a spouse help to ensure the perpetuation of these patterns. The appearance of one partner being more independent, competent and functional (i.e. differentiated) than the other (e.g., the spouse compared to the alcoholic), is an illusion. "The important point to remember is that each...has an equivalent emotional problem...played out in mirror opposite ways...called emotional complementarity" (Kerr, 1981: p. 239). The results of Phase I and Phase II, including the overall lack of significant differences between spouses in either group, generally support these aspects of Bowen's theory.

Without explaining the functioning of the emotional system theoretically, the Iceberg Model of Codependence

(Friel & Friel, 1988) suggests that it is the dysfunctional family of origin system (and, to a lesser degree, social, cultural and religious systems) which is a context within which individuals develop relatively high levels of guilt, shame, and fear of abandonment. These feelings within the individual are not managed in a constructive manner because the context which generated them does not operate by system rules that facilitate healthy communication and conflict resolution processes. As a result, the individual(s) develops problems with intimacy and identity which, in turn, produce various manifestations or symptoms (e.g., alcoholism or relationship "addiction"). It is this "underlying disease process" affecting intimacy and identity which Friel and Friel (1988) call the codependent process.

Clearly, the connections between the difficulties with intimacy and identity and codependence in the Iceberg Model parallel those made by Williamson (1981; 1982; Bray & Williamson, 1987) between intergenerationally transmitted levels of fusion, intimidation, and personal authority, and the symptoms which are generated as a result of attempts to the manage inter- and intra- personal anxiety. This parallel has been explored in this study through the use of the PAFS and the Friel Codependence Inventory. The data support the appropriateness of explaining the generation and maintenance of codependence through the use of Bowen's FST.

The resulting, but preliminary Intergenerational Family Systems Model of Codependence may be an important step in clarifying how the varying manifestations of codependence may be intergenerationally transmitted within the family emotional system.

**Implications for Treatment**

The results of this study suggest that, at least as measured by this inventory, codependence is as much an issue for the alcoholic as it is for the spouse. Programs which first detox and treat the addiction itself, and then advocate treatment of the underlying codependence in the alcoholic and in his/her spouse, may be more effective in interrupting the intergenerational transmission of these problems. Individual and family therapy, especially as guided by Family Systems Theory, may be especially helpful in treating the dynamics and relationship dysfunction which contribute to codependence in adults. This type of intervention may be a particularly productive form of prevention for family members interested in interrupting unhelpful patterns of anxiety binding mechanisms, fusion, and triangulation and intimidation, while promoting healthy patterns and skills for gaining intimacy, individuation and personal authority.

Psycho-educational prevention programs for premarital

couples and young couples, focusing on potentially problematic intergenerational patterns and oriented toward clarifying communication, conflict resolution, personal and interpersonal boundary setting, may be helpful. Learning new skills which facilitate the process of balancing emotional reactivity with rational decisions within the intergenerational family context (Kerr & Bowen, 1987) may aid in interrupting the transmission of the identity and intimacy problems associated with codependence (Friel & Friel, 1988).

## Limitations of the Study

In as much as this study attempted to gather retrospective, self-report information from participants in a clinical and a comparison group in order to compare their perceptions of a variety of intergenerational and nuclear family constructs, it has been largely successful. The results and conclusions are limited by the sample characteristics and the extent to which attempts to match the groups of participants on important variables was not meaningful. However, the interactional nature of the dimensions of the intergenerational family relationships being studied, as well as of codependence itself, may not lend themselves well to paper and pencil, self-report studies. Perhaps this lack of fit has contributed to the

dearth of studies of this area. There have been none like this current project which has attempted to gain a more direct perspective on the relationships of "codependent" people.

Other limitations of the study include the fact that, because of restrictions on time and other resources, the clinical (or ostensibly more codependent) sample represents only one of the variety of populations which have been labeled codependent (see Chapter I). In addition, the alcoholics in the clinical group were asked to participate during a period in which they were in recovery (from 2 months to 15 years). According to previous clinical research (e.g., Steinglass, Davis & Berenson, 1977) alcoholic couples relate differently during times of drinking and sobriety. As a result, their perceptions of their codependence and dyadic functioning may be different if measured prior to detox and recovery. Additionally, groups which are more homogeneous in terms of stage of recovery may be different from each other.

Phase II of the study included only nine couples who were interviewed for only 90 minutes regarding their perceptions of family of origin and nuclear family relationships. In addition, the interviews were conducted and the videotape recordings reviewed only by the researcher. Even though the interviews were guided by

research questions, an element of bias is likely, but not readily measurable.

**Recommendations for Future Research**

Follow up and/or replication studies are necessary in order to support or qualify what has been done here. Subsequent studies may be able to address the limitations of this present study. In particular, it is recommended that efforts be extended toward furthering the systemic and cybernetic understanding of codependency and the codependent relationship. This may only be possible once a procedure for gathering the appropriate kind of data has been developed; i.e., something other than self-report instruments.

More research regarding gendered sex role characteristics and codependence is necessary. Future research in this area must consider the feminist critique of the construct of codependence, and will be enriched by an attempt to develop an instrument which is sensitive to the differences (at least in non-clinical populations) in psychological development between men and women (Gilligan, 1982). Further exploration of the differential influences on the development of codependence in clinical and non-clinical populations also seems warranted.

Since there are a variety of clinical populations

labeled codependent, it may be helpful if future studies include samples representative of these groups. For example, those populations manifesting the effects of family of origin dysfunction through an eating disorder, or people who have experienced physical and/or sexual abuse (and their significant others) might be included in subsequent investigations. Future studies should compare the functioning and level of codependence within couples in which the alcoholic is not in recovery, as well as between couples who are at different stages of recovery, whether the stages are measured in terms of time or some other more appropriate criterion. Lastly, qualitative studies in the area of codependence ought to involve more than one researcher, and more than two sources of data (e.g., observation and coding of interactional data) in order to establish the validity of the findings through triangulation. A larger sample of clinical and non-clinical comparison participants would also increase the generalizability of the findings.

The assessment of codependence is in its infancy, primarily because we are still struggling to establish a meaningful operational definition of this concept. This project represents a step toward establishing clearer parameters. It also is an important step forward in empirically clarifying the nature of codependence. The

study has addressed the utility of the proposed operational definition and shed some additional light regarding the characteristics and interactions related to codependence in clinical and non-clinical couples.

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# APPENDIX A

## FORMS AND QUESTIONNAIRES

## Family Study Consent Form

Thank you very much for consenting to participate in this study of family dynamics. We believe it will be a valuable contribution to the understanding of the family dynamics of people who are experiencing difficulties. It is only through the cooperation of people such as yourself, and the contribution that you are making, that we can better understand and help people.

Before signing this form, please be sure you understand that all information collected will be held in strict confidence. No one will be able to tell who filled out the questionnaires. You will only be identified by a number. If you wish to know the results of the questionnaire in order to use it in your own process of recovery, we will be glad to go over it with you. The information may be helpfully shared with the treatment team, at your request. Otherwise, the forms will be completely anonymous. The forms will be identified only with a number that is not paired with your name in any way.

In the process of filling out these forms, you may quit at anytime you wish, for any reason. This is completely voluntary. Your treatment will not be affected in any way by your decision to fill out or not fill out these forms.

________________________________ ________________

Name Date

________________________________

Signature

I wish to be contacted in order to have the results of my questionnaire explained to me.

________________________________ ________________

Signature Phone

I would be willing to take part in a one-hour follow-up interview.

________________________________ ________________

Signature Phone

Family Relationship Study
Demographic Questionnaire

Please provide answers to each of the following items. Unless a space is provided, put your answers on the attached answer sheet.

1. Age ____

2. Sex

    1. male    2. female

3. Your Current Family's Income Level (per year)

    1. 0-10,000    5. 41-50,000    9. 81-90,000
    2. 11-20,000    6. 51-60,000    10. 91-100,000
    3. 21-30,000    7. 61-70,000    11. over
    100,000
    4. 31-40,000    8. 71-80,000

4. Educational Level

    1. grade school
    2. some high school    5. 4 yr college
    diploma
    3. diploma/vocational cert.    6. some graduate school
    4. some college    7. graduate degree

5. Number of marriages

    1. one
    2. two
    3. three or more

6. Length of current marriage: ____ years

7. Number of children in your current family

    1. one    4. four
    2. two    5. five
    3. three    6. six or more

8. Number of children in your family in which you grew up

    1. one    4. four
    2. two    5. five
    3. three    6. six or more

9. Your place in birth order, (e.g., 1st born, 2nd, last)

1. first born
2. second born
3. third born
4. fourth born
5. fifth born
6. sixth or later

10. Your Family of Origin's (the family in which you grew up) Income Level (per year)

1. 0-10,000
2. 11-20,000
3. 21-20,000
4. 31-40,000
5. 41-50,000
6. 51-60,000
7. 61-70,000
8. 71-80,000
9. 81-90,000
10. 91-100,000
11. 100,000+

11. Father's Educational Level

1. grade school
2. some high school
3. high school diploma
4. voc. certificate
5. some college
6. 2 yr college diploma
7. 4 yr college diploma
8. some graduate school
9. graduate degree
10. professional degree

12. Mother's Educational Level

1. grade school
2. some high school
3. high school diploma
4. vocational cert.
5. some college
6. 2 yr college diploma
7. 4 yr college diploma
8. some graduate school
9. graduate degree
10. professional degree

13. Which of your family members do you think had a problem with drinking and/or drugs? (Circle as many as apply):

1. mother
2. father
3. brother(s)
4. sister(s)
5. grandfather(s)
6. grandmother(s)
7. aunt(s)
8. uncle(s)

14. With which of the above family members did you live or spend a lot of time? (Circle as many as apply):

1. mother
2. father
3. brother(s)
4. sister(s)
5. grandfather(s)
6. grandmother(s)
7. aunt(s)
8. uncle(s)
9. step-parent

(Clinical Group only)

15. Number of years you have been drinking: _____ years

16. Number of times you have been in inpatient treatment: _____

17. Number of times you have been in outpatient treatment: _____

## Family Relationships Study
## Qualitative Research Questions

1. Please tell me about the family in which you grew up. Tell me about what you liked and what worked, as well as what you might have changed or would have liked to be different.

2. How do you remember your family communicating about every day, and maybe more important issues? How did they resolve conflicts and work out problems?

3. Can you tell me about how the two of you first got together? What first attracted you to the other person?

4. How do the two of you communicate? Can you tell me about how you resolve conflicts and work out problems?

5. Some poeple characterize their relationship as having one person in it who is more sensitive to the feelings and needs of the other partner; someone who always kind of has their radar out. Is there such a person in your relationship who takes care of the physical and emotional needs of the other?

6. How do each of you take care of your personal (emotional, physical, spiritual) needs?

7. What would you like to tell me in order for me to understand you better? What would you like me to know that we haven't already talked about?

# PAFS

## Personal Authority in the Family System Questionnaire

BY
Donald S. Williamson, Ph.D., James H. Bray, Ph.D., Paul E. Malone, Ph.D.

The following questions ask about your **current** relationships with your parents, your spouse and your children. Please select the answers which best reflect your current relationships with these people. There are no right or wrong answers. Place your answers on the Answer Sheet provided. Do not mark on the Questionnaire. **Remember: Give the answer that best applies to you.**

If you are currently not married answer the questions below as they would apply to your relationship with your most important, current significant other (i.e., mate, steady friend, lover). If you do not have a significant other, then answer the questions as they might apply to your most likely or most recent significant other.

If one or both of your parents are deceased, then answer the questions about your deceased parent(s) in terms of how you remember or imagined your relationship(s) to be.

If you do not have children, leave the questions about children blank.

**Please answer all questions as best you can.** Place your answer in the appropriate place on the Answer Sheet.

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Revision 9/1/83

Circle the number which reflects the **best** answer for each one.
**Please respond to items 1-4 using the following five-point scale.**

| excellent | good | fair | poor | very poor |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

Rate the Quality of your relationship with:

1. Your mate

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

2. Your children

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

3. Your mother

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

4. Your father

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

**Please respond to items 5-10 using the following scale:**

| very satisfied | satisfied | neutral | dissatisfied | very dissatisfied |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

Rate your **Satisfaction** with your relationship with:

5. Your mate

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

6. Your children

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

7. Your mother

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

8. Your father

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

How satisfied are you with the **Frequency of Contact** (letter, phone, in person) which you have with:

9. Your mother?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

10. Your father?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

**Please answer questions 11-13 using the following scale:**

| totally responsible | very | moderately responsible | a little | not at all responsible |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

11. When your mate is having a distressing problem at work, to what extent do you feel **personally** responsible to provide a solution to the problem?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

12. When one of your parents is having a distressing problem, to what extent do you feel **personally** responsible to provide a solution?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

**Turn this page OVER and continue on the REVERSE side**

13. When your parents are having a significant problem in their marriage, to what extent do you feel **personally** responsible to provide a solution to their problem?

1 2 3 4 5

**Please answer questions 14-17 using the following scale:**

| much less | less | same | more | much more |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

How does your **Financial Success** compare with:

14. Your mother's?

1 2 3 4 5

15. Your father's?

1 2 3 4 5

How does your level of **Emotional Satisfaction** compare with:

16. Your mother's?

1 2 3 4 5

17. Your father's?

1 2 3 4 5

**Please answer questions 18-21 using the following scale:**

| all the time | most of the time | half the time | occasionally | never |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

18. How often do you think of yourself as your mother's "little girl or boy"?

1 2 3 4 5

19. How often do you think of yourself as your father's "little girl or boy"?

1 2 3 4 5

20. How often are you reluctant to do anything that would make your parents angry, hurt, shocked, or embarrassed?

1 2 3 4 5

21. How often do you seek parental approval (for example, in how you should handle a personal problem or make an important decision)?

1 2 3 4 5

**Please answer questions 22-31 using the following scale:**

| extremely | very | moderately | a little | not |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

How **necessary** is it to you to meet your **mother's** expectations concerning:

22. Your work?

1 2 3 4 5

23. Your marriage?

1 2 3 4 5

24. Your parenting?

1 2 3 4 5

25. Your appearance?

| extremely | very | moderately | a little | not |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

26. Your lifestyle?

1 2 3 4 5

How **necessary** is it to you to meet your **father's** expectations concerning:

27. Your work?
1 2 3 4 5
28. Your marriage?
1 2 3 4 5
29. Your parenting?
1 2 3 4 5
30. Your appearance?
1 2 3 4 5
31. Your lifestyle?
1 2 3 4 5

**Please answer questions 32-41 using the following scale:**

How often do you feel you must **modify your behavior** to meet your **mother's** expectations concerning:

| all the time | most of the time | half the time | occasionally | never |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

32. Your work?
1 2 3 4 5
33. Your marriage?
1 2 3 4 5
34. Your parenting?
1 2 3 4 5
35. Your appearance?
1 2 3 4 5
36. Your lifestyle?
1 2 3 4 5

How often do you feel you must **modify your behavior** to meet your **father's** expectations concerning:

37. Your work?
1 2 3 4 5
38. Your marriage?
1 2 3 4 5
39. Your parenting?
1 2 3 4 5
40. Your appearance?
1 2 3 4 5
41. Your lifestyle?
1 2 3 4 5

**Turn this page OVER and continue on the REVERSE side**

**Please use the following situation and scale to answer questions 42-51:**
You are considering inviting only one of your parents and not the other parent to dinner alone with you, even though the other parent is interested and available.

| extremely | very | moderately | a little | not |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

42. How **willing** would you be to invite your **mother** only?
1 2 3 4 5
43. How **willing** would you be to invite your **father** only?
1 2 3 4 5
44. How **comfortable** would you be inviting your **mother** only?
1 2 3 4 5
45. How **comfortable** would you be inviting your **father** only?
1 2 3 4 5
46. How **unfair** would it be to do this to your **mother** or her marriage?
1 2 3 4 5
47. How **unfair** would it be to do this to your **father** or his marriage?
1 2 3 4 5
48. How **comfortable** would you be dining and having intimate conversation with your **mother**?
1 2 3 4 5
49. How **comfortable** would you be dining and having intimate conversation with your **father**?
1 2 3 4 5
50. How **guilty** would you feel if you did not invite your **mother**?
1 2 3 4 5
51. How **guilty** would you feel if you did not invite your **father**?
1 2 3 4 5

**Please respond to items 52-105 according to the following scale.**

| strongly agree | agree | neutral | disagree | strongly disagree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

52. My sex life with my mate is quite satisfactory.
1 2 3 4 5
53. My mate and I have many interests which we chose to share.
1 2 3 4 5
54. My mate and I frequently talk together about significant events in our lives.
1 2 3 4 5
55. My mate and I like to get together for conversation and recreation.
1 2 3 4 5
56. My mate and I can trust each other with the things that we tell one another.
1 2 3 4 5

7. My mate and I frequently show tenderness to one another.

| **strongly agree** | **agree** | **neutral** | **disagree** | **strongly disagree** |
|---|---|---|---|---|
| **1** | **2** | **3** | **4** | **5** |

8. My mate and I are fair in our relationship with one another.
**1 2 3 4 5**

9. My mate and I have mutual respect for one another.
**1 2 3 4 5**

0. My mate and I are fond of one another.
**1 2 3 4 5**

1. My mate has difficulty attending most social events without ne.
**1 2 3 4 5**

2. I have difficulty attending most social events without my nate.
**1 2 3 4 5**

3. My mate needs my approval for his/her ideas and decisions.
**1 2 3 4 5**

4. I need my mate approval for my ideas and decisions.
**1 2 3 4 5**

55. In disagreements, my mate and I both get everything off our chests.
**1 2 3 4 5**

56. My mate wants to hear everything that happens while I am away from him/her.
**1 2 3 4 5**

57. I want to hear everything that happens while my mate is away from me.
**1 2 3 4 5**

68. My mate worries that I cannot take care of myself when he/she is not around.
**1 2 3 4 5**

69. I worry that my mate cannot take care of him/herself when I am not around.
**1 2 3 4 5**

70. My mate and I are **always** very close to each other.
**1 2 3 4 5**

71. I can depend on my mate knowing how I really feel whether I tell him/her or not.
**1 2 3 4 5**

72. I am usually able to disagree with my mate without losing my temper.
**1 2 3 4 5**

73. My mate is usually able to disagree with me without losing his/her temper.
**1 2 3 4 5**

74. I often get so emotional with my mate that I cannot think straight.
**1 2 3 4 5**

**Turn this page OVER and continue on the REVERSE side**

5. My mate often get so emotional with me that he/she cannot hink straight.

| strongly agree | agree | neutral | disagree | strongly disagree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

6. I help my mate understand me by telling him/her how I think, eel, and believe.

1 2 3 4 5

7. I help my mate understand me by telling him/her how I think, eel, and believe.

1 2 3 4 5

8. I feel my mate says one thing to me but really means another.

1 2 3 4 5

9. My mate feels that I say one thing to him/her but really mean .nother.

1 2 3 4 5

:0. I share my true feelings with my **mother** about the significant :vents in my life.

1 2 3 4 5

31. I share my true feelings with my **father** about the significant :vents in my life.

1 2 3 4 5

32. My **mother** and I are important people in each other's lives.

1 2 3 4 5

33. My **father** and I are important people in each other's lives.

1 2 3 4 5

34. I get together with my **mother** from time to time for :onversation and recreation.

1 2 3 4 5

35. I get together with my **father** from time to time for :onversation and recreation.

1 2 3 4 5

36. I take my **mother's** thoughts and feelings seriously, but do not always think or feel the same way.

1 2 3 4 5

37. I take my **father's** thoughts and feelings seriously, but do not always think or feel the same way.

1 2 3 4 5

88. I openly show tenderness toward my **mother**.

1 2 3 4 5

89. I openly show tenderness toward my **father**.

1 2 3 4 5

90. I am fair in my relationship with my **mother**.

1 2 3 4 5

91. I am fair in my relationship with my **father**.

1 2 3 4 5

92. I can trust my **mother** with things we share.

1 2 3 4 5

93. I can trust my **father** with things we share.

1 2 3 4 5

94. My **mother** and I have mutual respect for one another.

1 2 3 4 5

95. My **father** and I have mutual respect for one another.

| strongly agree | agree | neutral | disagree | strongly disagree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

96. I am fond of my **mother**.

1 2 3 4 5

97. I am fond of my **father**.

1 2 3 4 5

98. My parents do things that embarrass me.

1 2 3 4 5

99. My present day problems would be fewer or less severe if my parents had acted differently.

1 2 3 4 5

100. My parents frequently try to change some aspect of my personality.

1 2 3 4 5

101. I sometimes wonder how much my parents really love me.

1 2 3 4 5

102. I am usually able to disagree with my parents without losing my temper.

1 2 3 4 5

103. I often get so emotional with my parents that I cannot think straight.

1 2 3 4 5

104. I usually help my parents understand me by telling them how I think, feel, and believe.

1 2 3 4 5

105. My parents say one thing to me and really mean another.

1 2 3 4 5

**Please answer questions 106-115 using the following scale:**

| very comfortable | comfortable | neutral | comfortable | very uncomfortable |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

106. How comfortable are you in having sexual relations in the privacy of your own bedroom when your parents are in your home?

1 2 3 4 5

107. How comfortable are you talking to your mother and father about the private and personal **story of growing up** in his/her family of origin and extended family (i.e., talking about perceptions, thoughts, and feelings about their relationships with father, mother siblings, aunts, uncles, etc)?

1 2 3 4 5

108. How comfortable are you talking to your mother and father about **family secrets**, both real and imagined, and about skeletons in the family closet?

1 2 3 4 5

**Turn this page OVER and continue on the REVERSE side**

109. How comfortable are you talking to your mother and father about specific **mistakes or wrong decisions** which he/she made in the past and would like to do again differently (e.g., marriage, marriage partner, occupation, etc)?

| very comfortable | comfortable | neutral | comfortable | very uncomfortable |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

110. How comfortable are you talking to your **opposite-sex parent** about the fact that he/she is no longer the #1 love in your life?

**1 2 3 4 5**

111. How comfortable are you talking to your **same-sex parent** to declare the ways in which you are different than your parents in your beliefs, values, attitudes, and behaviors?

**1 2 3 4 5**

112. How comfortable are you talking **directly** to your mother and father as peers and equals to say goodbye to him as "daddy" and her as "mommy" and goodbye to yourself as dependent "little girl" or "little boy"?

**1 2 3 4 5**

113. How comfortable are you talking **face to face** to your mother and father to make explicit with them that you are not responsible for his/her survival or happiness in life, and that you are not working to meet goals and achievements in life which have been passed on from them (or prior generations) to you?

**1 2 3 4 5**

114. How comfortable are you talking to your mother and father about his/her **sexuality** and **sexual experience**?

**1 2 3 4 5**

115. How comfortable are you talking to your mother and father about his/her **approaching death**, as to when, where, how, and with what attitude and feelings each of them anticipates this inevitability?

**1 2 3 4 5**

**Please indicate in questions 116-124 whether you have or have not discussed the above with your parents. Circle 1 if you have not discussed the topic or 2 if you have discussed the topic.**

| have not discussed | have discussed |
|---|---|
| 1 | 2 |

116. Topic in question 107 (parents' story of growing up).

**1 2**

117. Topic in question 108 (family secrets).

**1 2**

118. Topic in question 109 (parents' mistakes).

**1 2**

119. Topic in question 110 (relationship with opposite-sex parent).

**1 2**

120. Topic in question 111 (differences with same-sex parent).

**1 2**

121. Topic in question 112 (talking with parents as equals).

**have not discussed** **have discussed**

**1** **2**

122. Topic in question 113 (responsibility).

**1** **2**

123. Topic in question 114 (sexuality).

**1** **2**

124. Topic in question 115 (death).

**1** **2**

**Please answer questions 125 to 132 using the following scale:**

**all the time** **frequently** **occasionally** **rarely** **never**

**1** **2** **3** **4** **5**

125. How often do you share private and personal information about your marriage with your son(s) or daughter(s)?

**1** **2** **3** **4** **5**

126. How often does your mate share private and personal information about your marriage with your son(s) or daughter(s)?

all the time frequently occasionally rarely never

**1** **2** **3** **4** **5**

127. It feels like my children cannot get emotionally close to me without moving away from my mate.

**1** **2** **3** **4** **5**

128. It feels like my children cannot get emotionally close to my mate without moving away from me.

**1** **2** **3** **4** **5**

129. Children's problems (behavior, school, physical illness) sometimes coincide with marital conflict or other stress in families. In your view, how often does this happen in your family?

**1** **2** **3** **4** **5**

130. How often do you and your mate disagree about specific ways to treat your child (i.e., how to discipline or how to respond to requests for money or privileges)?

**1** **2** **3** **4** **5**

131. How often do you intervene in a disagreement between your mate and your son(s) or daughter(s)?

**1** **2** **3** **4** **5**

132. How often does your mate intervene in a disagreement between you and your son(s) or daughter(s)?

**1** **2** **3** **4** **5**

**Turn this page OVER and continue on the REVERSE side**

Friel Assessment Inventory

Below are a number of **True (T)/False (F)** questions dealing with how you feel about yourself, your life, and those around you. As you answer each question, be sure to answer honestly, but do not spend too much time on any one question. There are no right or wrong answers. Take each question as it comes, and answer as you usually feel.

1. I make enough time to do things just for myself each week. **T F**
2. I spend lots of time criticizing myself after an interaction with someone. **T F**
3. I would not be embarrassed if people knew certain things about me. **T F**
4. Sometimes I feel like I waste lots of time and don't get anywhere. **T F**
5. I take good enough care of myself. **T F**
6. It is usually best not to tell someone they bother you; it only causes fights and gets everyone upset. **T F**
7. I am happy about the way my family communicated when I was growing up. **T F**
8. Sometimes I don't know how I really feel. **T F**
9. I am very satisfied with my intimate love life. **T F**
10. I've been feeling tired lately. **T F**
11. When I was growing up, my family liked to talk openly about problems. **T F**
12. I often look happy when I am angry or sad. **T F**
13. I am satisfied with the number and kind of relationships I have in my life. **T F**
14. Even if I had the time and money to do it, I would feel uncomfortable taking a vacation by myself. **T F**
15. I have enough help with everything I must do each day. **T F**
16. I wish that I could accomplish a lot more than I do now. **T F**
17. My family taught me to express my feelings and affection openly when I was growing up. **T F**
18. It is hard for me to talk to someone in authority (boss, teachers, etc). **T F**
19. When I am in a relationship that becomes too confusing and complicated, I have no trouble getting out of it. **T F**
20. I sometimes feel pretty confused about who I am and where I want to go with my life. **T F**
21. I am satisfied with the way I take care of my own needs. **T F**
22. I am not satisfied with my career. **T F**
23. I usually handle my problems calmly and directly. **T F**
24. I hold back my feelings much of the time because I don't want to hurt their feelings or have them think less of me. **T F**
25. I don't feel like I am "in a rut" very often. **T F**
26. I am not satisfied with my friendships. **T F**
27. When someone hurts my feelings or does something I don't like, I have very little difficulty telling them about it. **T F**

please turn this page over and continue

28. When a close friend or relative asks for my help more than I'd like, I usually say "yes" anyway. **T** **F**
29. I love to face new problems and am good at finding solutions to them. **T** **F**
30. I do not feel good about my childhood. **T** **F**
31. I am not concerned about my health a lot. **T** **F**
32. I often feel like no one really knows me. **T** **F**
33. I feel calm and peaceful most of the time. **T** **F**
34. I find it difficult to ask for what I want. **T** **F**
35. I don't let people take advantage of me more than I'd like. **T** **F**
36. I am dissatisfied with at least one of my close relationships. **T** **F**
37. I make major decisions quite easily. **T** **F**
38. I don't trust myself in new situations as much as I'd like. **T** **F**
39. I am very good at knowing when to speak up, and when to go along with others' wishes. **T** **F**
40. I wish I had more time away from work. **T** **F**
41. I am as spontaneous as I'd like to be. **T** **F**
42. Being alone is a problem for me. **T** **F**
43. When someone I love is bothering me, I have no problem telling them so. **T** **F**
44. I often have so many things going on at once that I am really not doing justice to any one of them. **T** **F**
45. I am very comfortable letting others into my life and revealing the "real me" to them. **T** **F**
46. I apologize to others too much for what I do or say. **T** **F**
47. I have no problem telling people when I am angry with them. **T** **F**
48. There's so much to do and not enough time; sometimes I'd like to leave it all behind. **T** **F**
49. I have few regrets about what I have done with my life. **T** **F**
50. I tend to think of others more than I do of myself. **T** **F**
51. More often than not, my life has gone the way I wanted it to. **T** **F**
52. People admire me because I'm so understanding of others, even when they do something that annoys me. **T** **F**
53. I am comfortable with my own sexuality. **T** **F**
54. I sometimes feel embarrassed by the behaviors of those close to me. **T** **F**
55. The important people in my life know the "real me" and I am okay with them knowing. **T** **F**
56. I do my share of work, and often do a bit more. **T** **F**
57. I do not feel that everything would fall apart without my efforts and attention. **T** **F**
58. I do too much for other people, and then later wonder why I did so. **T** **F**
59. I am happy about the way my family coped with problems when I was growing up. **T** **F**
60. I wish that I had more people to do things with. **T** **F**

# APPENDIX B

## SUPPLEMENTAL TABLES

**Table 1**

**Alcoholic's and Spouse's Reports of Alcoholism in Family of Origin Members:**

**Observed Frequency and Percentage in Each Category***

| | **Mother** | | | **Father** | | |
|---|---|---|---|---|---|---|
| | **Yes** | **No** | **Total/%** | **Yes** | **No** | **Total/%** |
| **Alcoholics** | 13/43 | 17/57 | 30/100% | 24/80 | 06/20 | 30/100% |
| **Spouses** | 06/20 | 24/80 | 30/100% | 16/53 | 14/47 | 30/100% |
| | **Chi-square=** 3.77, p= 0.05 | | | **Chi-square=** 4.80, p= 0.03 | | |
| | **Sister** | | | **Brother** | | |
| | **Yes** | **No** | **Total/%** | **Yes** | **No** | **Total/%** |
| **Alcoholics** | 05/17 | 25/83 | 30/100% | 13/43 | 09/30 | 30/100% |
| **Spouses** | 06/20 | 24/80 | 30/100% | 09/30 | 21/70 | 30/100% |
| | **Chi-square=** 0.11, p= 0.74 | | | **Chi-square=** 1.15, p= 0.28 | | |
| | **Grandmother** | | | **Grandfather** | | |
| | **Yes** | **No** | **Total/%** | **Yes** | **No** | **Total/%** |
| **Alcoholics** | 05/17 | 25/83 | 30/100% | 12/40 | 18/60 | 30/100% |
| **Spouses** | 01/03 | 29/97 | 30/100% | 06/10 | 24/80 | 30/100% |
| | **Chi-square=** 4.29, p= 0.12 | | | **Chi-square=** 2.86, p= 0.09 | | |

**Note.**
* Data are reported in frequency/percentage for each cell

Table 2

Chi-square Analysis of Comparison Group Educational Variables by Role

| | Educational Level* | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Total/% |
| Husbands | 00/00 | 01/03 | 02/07 | 06/20 | 07/23 | 02/07 | 14/47 | 30/100% |
| Wives | 00/00 | 00/00 | 07/23 | 04/13 | 08/27 | 05/17 | 06/20 | 30/100% |

Chi-square= 8.67; df= 5

| | Father's Educational Level* | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Total/% |
| Husb | 3/10 | 4/13 | 9/33 | 2/07 | 3/10 | 1/03 | 6/20 | 1/03 | 2/07 | 1/03 | 30/100% |
| Wives | 3/10 | 1/03 | 11/37 | 0/00 | 2/07 | 0/00 | 3/10 | 2/07 | 6/20 | 2/07 | 30/100% |

Chi-square= 8.81; df= 9

| | Mother's Educational Level* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Total/% |
| Husb | 1/03 | 6/20 | 8/27 | 2/07 | 5/17 | 2/07 | 8/27 | 0/00 | 0/00 | 30/100% |
| Wives | 3/10 | 1/03 | 9/33 | 3/10 | 2/07 | 6/20 | 3/10 | 1/03 | 2/07 | 30/100% |

Chi-square= 14.21; df= 8

Note.
1. Educational categories: 1= grade school; 2= some high school; 3= high school diploma/vocational certificate; 4= some college; 5= college degree; 6= some graduate school; 7= graduate degree
* Data are reported in frequency/percentage for each cell

**Table 3**

**Clinical Group Intergenerational Dimensions of PAFS: Gender Differences**

| | Husbands (n= 30) | | Wives (n= 30) | | |
|---|---|---|---|---|---|
| | **M** | **SD** | **M** | **SD** | **F Ratio** |
| **Int. Intimacy** (Range= 25-125) | 85.37 | 2.81 | 85.63 | 2.81 | 0.88 |
| **Int. Individuation** (Range= 8-40) | 26.80 | 0.98 | 25.27 | 0.98 | 0.24 |
| **Int. Triangulation** (Range= 11-55) | 31.97 | 2.51 | 34.17 | 2.51 | 1.24 |
| **Int. Intimidation** (Range= 29-145) | 108.20 | 3.19 | 110.87 | 3.19 | 0.24 |

**Table 4**

**Clinical Group Current Dimensions of PAFS: Gender Differences**

| | Husbands (n= 30) | | Wives (n= 30) | | |
|---|---|---|---|---|---|
| | **M** | **SD** | **M** | **SD** | **F Ratio** |
| **Spousal Intimacy** (Range= 11-55) | 42.63 | 1.37 | 41.33 | 1.37 | 0.57 |
| **Spousal Individuation** (Range= 20-100) | 62.53 | 1.45 | 64.87 | 1.45 | 0.66 |
| **Nuclear Triangulation** (Range= 10-50) | 35.37 | 0.99 | 33.83 | 0.99 | 1.58 |
| **Personal Authority** (Range= 18-63) | 42.30 | 1.41 | 40.07 | 1.41 | 1.31 |

Table 5

Paired t Tests of Comparison Group PAFS Scores by Role: Current Subscales

| | Husbands | Wives | Mean Difference | SE Diff | t Value |
|---|---|---|---|---|---|
| n | 30 | 30 | | | |
| Spousal Intimacy (Range= 11-55) | 49.20 | 49.90 | -0.70 | 0.65 | -1.08 |
| Spousal Individuation (Range= 20-100) | 70.60 | 71.53 | -0.93 | 1.57 | -0.59 |
| Nuclear Triangulation (Range= 10-50) | 40.50 | 40.47 | 0.03 | 1.46 | 0.02 |
| Personal Authority (Range= 18-63) | 45.80 | 46.37 | -0.57 | 1.36 | 0.68 |

Table 6

Overall Gender Comparisons on Codependence: Mean Scores & Standard Deviations

| | Males (n= 60) | | Females (n= 60) | | |
|---|---|---|---|---|---|
| | M | SD | M | SD | F Ratio |
| | 25.54 | 1.33 | 28.28 | 1.33 | 2.13 |

Note.
Maximum score = 60.

| | | | |
|---|---|---|---|
| 00-20 | mild | 31-45 | moderate to severe |
| 21-30 | mild to moderate | 45-60 | severe |

**Table 7**

**Within Group Gender Comparisons on Codependence*: Mean Scores and Standard Deviations**

| | Clinical | | Comparison | | |
|---|---|---|---|---|---|
| | **Male** | **Female** | **Male** | **Female** | **F Ratio** |
| n | 30 | 30 | 30 | 30 | |
| M | 31.31 | 33.77 | 19.84 | 22.90 | 0.03 |
| SD | 1.96 | 1.96 | 1.87 | 1.87 | |

Note.
* Friel Codependence Inventory: maximum score = 60;
Codependence Categories:
00-20 mild — 31-45 moderate to severe
21-30 mild to moderate — 45-60 severe

**Table 8**

**Chi-square Analysis of Codependence Categories by Group and Gender**

| | Codependence Category | | | | |
|---|---|---|---|---|---|
| | **1** | **2** | **3** | **4** | **Total/%** |
| **Clinical** | | | | | |
| **Husbands** | 05/17 | 08/27 | 14/46 | 03/10 | 30/100% |
| **Wives** | 06/20 | 05/17 | 13/43 | 06/20 | 30/100% |
| | **Chi-square**= 1.82; **df**= 3; **p**= 0.61 | | | | |
| **Comparison** | | | | | |
| **Husbands** | 20/67 | 07/23 | 03/10 | 00/00 | 30/100% |
| **Wives** | 15/50 | 09/30 | 05/17 | 01/03 | 30/100% |
| | **Chi-square**= 2.46; **df**= 3; **p**= 0.48 | | | | |

**Note.**
Codependence Categories: 1= 0-20 (mild); 2= 21-30 (mild/moderate); 3= 31-45 (moderate/severe); 4= 45-60 (severe)

Table 9

Mean Scores & Standard Deviations of Codependence* by Group and Role

| | Clinical | | | Comparison | | |
|---|---|---|---|---|---|---|
| | Alcoholics | Spouses | F Ratio | Husbands | Wives | F Ratio |
| n | 30 | 30 | | 30 | 30 | |
| M | 32.34 | 32.74 | 0.08 | 19.84 | 22.90 | 0.03 |
| SD | 1.96 | 1.96 | | 1.87 | 1.87 | |

Note.
* Measured by the Friel Codependence Inventory: maximum score = 60;
Codependence Categories:

| | | | |
|---|---|---|---|
| 00-20 | mild | 31-45 | moderate to severe |
| 21-30 | mild to moderate | 45-60 | severe |

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**PROFESSIONAL PRESENTATIONS: PAPERS**

Prest, L.A., Darden, E., & Sporakowski, M.J. "Therapy with Families of the Mentally Retarded".
National Council on Family Relations Annual Conference
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Prest, L.A., Darden, E., & Sporakowski, M.J. "The Mentally Retarded: A New Frontier for Family Therapy".
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Lichtman, M., Carruthers, K., Darden, E., Martin, D., & Prest, L.A. "Qualitative Research Methods: Applications to Diverse Fields".
American Eductional Research Association Annual Conference
Boston, MA, April, 1990.

Prest, L.A. "Family Therapy's Two Way Mirror- Seeing Our Reflection in Our Clients' Faces: Ethical, Professional and Theoretical Implications"
14th Annual Southeastern Conference on Child & Family Development
Knoxville, TN, April, 1989.

Prest, L.A., & Darden, E. "The Fly on the Wall: Reflecting Team Supervision"
14th Annual Southeastern Conference on Child & Family Development
Knoxville, TN, April, 1989.

Prest, L.A. "Family of Origin Patterns: Their Effects on the Incidence and Nature of Compulsive Eating & Drinking, Conflict Resolution and Communication Skills".
Pacific Lutheran University Brown Bag Lecture Series
Tacoma, WA, March, 1987.

Prest, L.A., & Storm, C. "A Comparative Study of Compulsive Eaters & Drinkers: The Dyadic Relationship"
American Association for Marriage & Family Therapy Annual Conference
Orlando, FL, October, 1986.

**PROFESSIONAL PRESENTATIONS: SEMINARS**

Prest, L.A., & Keller, J.F. "Spiritual Metaphors: Resources for Strengthening Families"
American Association for Marriage & Family Therapy Annual Conference
Washington, D.C., October, 1990.

Prest, L.A., Scott, W., Darden, E., & Bender, S. "The Evolution of the Fly: Reflecting Team Supervision"
Texas Association for Marriage & Family Therapy Annual Conference
San Antonio, TX, January, 1990.

**INVITED PROFESSIONAL PRESENTATIONS**

Prest, L.A., Darden, E., Scott, W, & Dobbs, D. "Reflecting Team Supervision: An Experiential Seminar"
Virginia Association for Marriage & Family Therapy Annual Conference
Richmond, VA, September, 1989.

Prest, L.A., & McDowell, T. "Substance Abuse and Family Therapy" Co-Facilitators
Washington Association for Marriage & Family Therapy Annual Conference, Networking Luncheon
Tacoma, WA, March, 1987.

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Prest, L.A., & Keller, J.F. Spirituality and family therapy: Spiritual metphors for strengthening families. The Journal of Marital and Family Therapy. (under review, May, 1991).

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