STUDY RELATIONSHIP BETWEEN CODEPENDENCY AND DEPRESSION AMONG WOMEN

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ABSTRACT
The present study aimed to describe codependency and depression and determining their relationship among women in Tehran city. The study method is descriptive-correlation. By complete investigation of theoretical literature, two main variables as codependency and were defined as predictive and depression as criterion. 287 women aged 17-46 years are selected by stratified clustering random method for study population. Beck depression survey and *Holyoake* codependency survey is used for data collection. For data analysis, descriptive and inferential tests as Pearson correlation coefficient, multiple regression, variance analysis and independent groups test are used. The findings show that there is a significant relationship between codependency and depression among women ($P<0.01$, $r=0.64$). Codependency is a significant predictor of depression among women ($P<0.01$, $R^2=0.47$).

KEYWORDS: Codependency, Depression, Women

INTRODUCTION

Ignoring their nationality, women high suffer from depression than men and except the genetic group in some people, other factors as gender system, gender role of men and women, cultural and social structures and above all life cycle of women are effective factors on depression prevalence (Navabinejad, 2007). Depression has been increased recently. Those who were born after 1970 were ten times more suffering from depression than their grandparents. Depression is cold disease among psychological diseases. Almost, all people have suffering from mild depression, distress, hopelessness, sadness as the result of depression (Roznahan and Seligman, 1989, Seyed Mohammadi, 2012).

Despite all efforts in medicine and psychology, depression has many victims and it takes many lives (Qobari Benab *et al*., 2009). Negative interpretations of the ill person of the world and future lead to depression, passiveness, blame, lack of enjoyment and suicide attempt. These three aspects, negative ideation, unsuitable feelings and doomed motivations are vicious cycles (Mehryar, 2003). The studies have shown that women suffer from depression two or three times more than men. In addition, women have high anxiety and are exposed to depression as two times more than men. One of the key factors to evaluate the relationship between women and depression is external reality of women dependency on others and external culture regarding responding others expectations. The disturbance in women relations can increase depression risk (Hughes *et al*., 1998). Also, the importance of close relations with others is visible among women and disturbance in this issue is described as a major case in increasing depression (Talwar *et al.,* 2011). It seems that codependency is not only the problem of alcohol addicts family members and it is also associated to women and is associated with other factors inconsistent with alcohol addiction as physical or mental disease of one of the parents. In other words, codependency behaviors can be learnt in childhood if one of the parents suffer from this illness and the youngest girl should care them. This is gender-based issue as women are responsible for caring and they learn it since childhood (Rodriguez, 2013). Haaken states that collective dependency is more than another definition of imposed social role on women (Haaken, 1990; cited in Colchester, 2013). Hands and Dear (1994) believe that most of mentioned features in codependency literature are consistent with traditional expectations of a women as accepting caring roles. Two key findings supporting the feministic criticism in this regard: 1) Women reveal high level of codependency compared to men; 2) Codependency is associated with the familiarity with traditional feministic roles. Generally, the studies in the past two decades in US women community regarding the evaluation of depression and codependency in women showed that there was a strong and significant relationship between codependency and depression in women (Hughes et al., 1998). It was stated that codependency affected women and not only it is associated to alcohol abuse, it is associated to the problems of tensions in family as psychotic illness in one of the parents (Gotham and Sher, 1996; Rodriguez, 2013). Women are mostly vulnerable to threats and social problems. The present study attempts to evaluate the relationship between codependency and depression in the women with depression

to be at service to women community. The main question of this study is determining the relationship between codependency and depression among women.

Literature review
Depression

Depression is cold disease in psychological illness and most people even suffer from mild depression. Depression disorder includes lack of order, disturbing mood, major depression , continuous depression (depression mood), menstruation depression, depression of drug abuse, depression of physical disease, other depression disorders and indefinite depression disorder (Seyed Mohammadi, 2014). Depression refers to a range of psychological problems and it leads to lack of positive emotion and lack of enjoyment to experiences and those giving enjoyment to a person and low mood and behavioral, physical, cognitive and emotional symptoms (National institute of mental Health.

Depression is emotional state with great sadness, sin feeling, and isolation of others, insomnia, losing appetite and sexual intercourse and enjoyment of other common activities. Concentration for depressed people is boring. They cannot focus on others or what they study. Talking is hard for them. They talk slowly with a few words and most of them try to be isolated and be silent. Others are restless. When they have problems, nothing comes to their mind. Each moment is important and their mind is involved with self-criticism. Depressed people ignore their individual health and they have somatic complaints without any physical problem. They are hopeless and anxious mostly. The problems of depression can be chronic. Depression is problematic for one's ability to cope up with the routine affairs of life (Burgess, 2009). Depression is divided into three groups as simple, acute and major depression. In simple depression, one is sad and indifferent to life events and he is impatient and his words are dull but his wisdom as intelligence, memory, recognition, time and place are intact. In acute depression, helplessness, sadness (a small stimulus can motivate him) are observed. Restlessness, motor-mental slow process can be seen in these patients, they talk a little or they give short answers with tired tone.

Codependency

The codependency literature is full of different definitions. It is as an ambiguous set of attributes (Sermak, 1986, cited in Self, 2010) and addiction to dependency (Weegman, 2006) and it is described as a personality disorder or a progressive disease. Sermak (1991) believed that main feature of codependency focused of self-esteem in emotions and behaviors control, in a person or others against the contradictory outcomes (Staford, 2001). Sermak (1986) believes that the defined criterion for codependency is as:

1- Control of self and others
2- Accepting responsibility for fulfilling others needs regarding self-ignoring
3- Changing the borders of separation and intimacy with others
4- Risky relations

White Field (1989) defines codependency as self-losing disease. He believes that real self is hidden and false self is emerged. Betty (1997) considers codependency as a process in which codependent person enables another person to affect his behavior and in this process, the codependent person has involvement with control of behavior of the person. Fischer et al., (1991) defines codependency as adverse communicative model with others with fully external focus in expressing emotions and personal value feeling as result of feedbacks or acceptance of others. Obrein and Gaborit (1992) consider codependency as communicative models between two people to fulfill other one need but by inefficient methods.

Subby (1984) considers codependency as emotional, psychological and behavioral condition in which long-term exposure with suppressive rules avoid a person expresses his emotions and discusses regarding personal and interpersonal problems. Friel, and friel (1988) defines codependency as a disturbing model of life as rooted in the family a person is born and in the culture he lives and it inhibits growth of identity. Laign (1989) defines codependency as a model of obsessive behaviors. The motivation of these behaviors is approval of another dependent person and is to achieve security, identity and value. Stafford (2001) defines codependency as a condition of disease in which self-confidence is lost and it leads to low personal value, painful relations with others and internal shame. Some features of these symptoms are excessive feeling of responsibility to others, the need to the others approval and permanent

problem in self-expression. According to the followers of codependency movement, these behaviors cause that individual damage leads to thousands of other problems as drug abuse, depression, nutrition problem and stress-relevant diseases. Martsolf (2002) presented different descriptions of codependency and referred to four major definitions of codependency:

1- Codependency is a disease.
2- Codependency is learnt behavior
3- Codependency is communicative model
4- Codependency is Additive process.

Colchester (2013) defines codependency as responsible caring and sacrificing personal needs. Codependency indicates disorder in which people are dependent on relations in which they can define their feelings of self, integrity via giving service to others need and exception of self-welfare. Self (2010) states codependency as learnt behavior by dependency on people and external objects: This dependency is ignoring and reducing the identity of a person. Although codependency is considered as disorder as experienced with unhealthy communicative model, there is no agreement on the definition of this term. Dear et al. evaluated 11 cases of published definitions of codependency and found that main semantic features of codependency are *External Focus,* Self-sacrifice, controlling others and suppressing individual feelings (Chang, 20110).

Depression and Codependency
Although millions of women are treated for depression for many years, due to lack of diagnosis of codependency with depression, return of depression disorder is high among them (Hughes et al., 1998). Generally, codependent people don't feel happy and satisfied but they search for happiness in external world of their real self and with hopelessness they search for approval and affection (Biti and Masumian Sharghi, 2011). As codependent people have low self-esteem, lack of value, low motivation and pessimism to future are other features and we can expect, these people are vulnerable to depression. These people have extreme attention to individual needs but they don't receive any feedback from other one and no effective interpersonal relation is formed. Thus, it is possible that failure of these people to receive attention leads to depression (Corski, 1992). Codependent women put the others needs on priority and judge themselves with external standards. When women use positive view to control their negative emotions of feelings suppression, there are some similarities of self-hiding in codependency. Thus, codependent and depressed women can suppress and hide themselves in relations and they lose their individuality (Jack, 1991). It is said that women in western community participate in social affairs and they image themselves as a part of a system with limited control on it. The basic family problems, low self-worth and hiding self with suppression and clinical problems of involved families with the problems namely the share of physical or sexual abuse are common in depressed and codependent women (Hughes et al., 1998; Wegscheider and cruse 1990). One of the symptoms of codependency as hiding self is revealed among most of depressed people. Thus, to explain the social status of women, depression and codependency are used as equally (Hughes *et al.,* 1998).

Research Background
Hughes et al. (1998) in their study aimed to identify the prevalence of codependency in women undergoing treatment for depression, examine the relationship between codependency and depression. Depression and codependency were measured in a sample of 105 depressed women by convenient sampling as outpatients. Depression and codependency were strongly related, with the significant gamma = .92 (P < .001). Talwar et al., (2011) in the study evaluated the relationship between codependency and marital satisfaction on depression on 30 people (12 men and 18 women). The results showed that there was no significant relationship between marital satisfaction and codependency, depression and marital satisfaction and depression and codependency. Arguelles et al. in a study "evaluation of depression and self-esteem and codependency with recovering addicts showed that most subjects had low depression and a few of them had clinical depression. Half of respondents had low and average self-esteem but others had very mild or little depression. The results show that the relationship between depression level and self-esteem of codependency of recovered addicts is not good. This was worked in the study as self-confidence is important in codependency. The families should consider more supportive plans (Arguelles-Manda and psych, 2014). In another study, Dear and Roberts investigated the relationship between codependency and women and men class. Self-sacrifice was associated with high and positive femininity and low level of masculinity. In a part of codependency, women received high score compared to men (Dear and Robers, 2002). Chang (2011) in a study had cultural view to codependency and in this codependency investigation

referred to extreme behaviors of others caring and it was due to exposure to stressful family environment. The findings of the study showed that strongest predictor of codependency in students of Tailand and USA were after the control of cultural inclinations and psychological adaptation. The students with high level of codependency had high psychological adjustment as including physical symptoms, anxiety and insomnia, disorder in social performance and severe depression. Hoeingmann-lion and Whitehead (2014) in the study "The relationship between codependency and borderline and dependent personality traits" found that women codependency at lower than average was more than that of men but percent of men at high codependency level was more than women. It was shown that 40% of students were involved in a codependent relation. They showed that there was a strong correlation between codependency of people and borderline personality and there was a weak correlation between codependency and dependent personality disorder. Also, the results showed that codependency and borderline personality were associated similarity with error cognitive schema. Kenapek and Kuritame (2013) found that The individual variability of the predisposition to care, failure of prefrontal cortex to inhibit empathic responses, a multitude of aversive experiences in a dysfunctional family (e.g. parental conflicts, emotional abuse, neglect and prettification), changes in the perception of women's role, and the emergence of substance abuse in the family could play a role in the development of codependency. Colchester (2013) in a study "Encountering codependency and the search for self: ten adult, experience intensive treatment center in Ireland found that codependency was a process as experienced in various stages of life by different forms. Also, this treatment is received and used in various stages of life. This reality was shown that combining people in various stages can create mental training, improvement of treatment effect. Bynum et al., (2012) in the study the development and testing of the codependency over eating Model in undergraduate social science students in a Mississippi College found that overeating was one of the common diseases of eating and it led into obesity and social, mental and physical problems and in most times, the obese person needs a nurse. In this study, anxiety, depression, anger, compulsive behavior and mental problems were associated with overeating and codependency. The study variables were measured by overeating survey, codependency survey and checklist of pathological symptoms R-90. This study applied a correlation design of experimental model with 567 new students of one of the departments of social sciences in Mississippi. There was no association between overeating and codependency, anxiety, depression, anger or compulsive behavior. Although no predicted relation was supported in this model.

In the study of Reyome *et al*. (2010) investigated the role of social variables as the relationship between childhood with emotional maltreatment. The relationship between childhood history of emotional maltreatment and self-silencing was evaluated in a sample of 141 upper division female nursing students, in an average state university in southeast of USA. Depression, self-esteem, self-differentiation, and self-concealment were considered as possible mediators of the relationship. Multiple regression analyses revealed that each psychosocial variable partially mediated the relationship between a history of emotional maltreatment and codependency, and emotional maltreatment and self-silencing

Another group of researchers conducted a study as effect of parents' codependency on mental health of children and investigated the prevalence of codependence between parents and children suffering from mental health. The main goal of the study was evaluation of clinical clinic hypothesis of Setter consulting center in which the parents had high codependency with their children for treatment of children behaviors and mental health problem. This study was conducted on 30 families who referred to Satter consulting center with their children and codependency questionnaire was distributed to evaluate codependency level. The investigation showed a result higher than mean of codependency among parents. The responses of questionnaire revealed this issue that codependency among the parents was a way to investigate personal view following special literature (Dupre, 2010).

Study hypotheses
H1: There is a significant relationship between codependency and depression among women.
H2: Codependency predicts depression among women.

MATERIALS AND METHODS
Statistical sample, sample size and sampling method
In this study, the study population is all women aged 17-46 years living in Tehran city during the study. The study sample is 287 women. The sampling method is stratified clustering random. Sampling was performed of higher education centers, consulting centers and Metro stations. First, a list of state and Azad Universities in Tehran city was provided and two Universities were selected by simple random method and a list of consulting centers in Tehran city was provided and two centers were selected by simple random method. Also, a list of Metro stations of Tehran city is

provided, of the list, two stations are selected by simple random method. In the second stage, among 6 days in a week, one day is selected to refer to sampling site by simple random method. In the third stage, among those referring to University and consulting centers, by systematic random method, of each three people, one person and among those referring to Metro, by systematic random method, of 10 people, one person was selected based on inclusion and exclusion criteria. 18 questionnaires were incomplete and sample size was reduced from 305 to 287.

Study measures

To measure studied variables in the statistical sample, questionnaire was used based on two following questionnaires:

***Holyoake* codependency index:** HCI is preferred in terms of psychometric traits compared to other similar measures (Dear, 2004). This measure includes three subscales of self-sacrifice (5 items), external focus (5 items), sense of being (3 items) and totally there were 13 items. The items are based on 5-item Likert scale and scored as: 1=Strongly disagree, 2=Disagree, 3= No Idea, 4=Agree, 5= Strongly agree

Beck depression survey (BDI)-second version: Beck depression survey consists of 21 items. To evaluate the feedbacks and symptoms of depressed patients can be used (Aben et al., 2002). The high score in the survey shows that depression symptom is high. The minimum score is zero and maximum is 63. By sum up of scores in each item, the score of each person directly is obtained. The following scores are used to show general level of depression.0-13: Nor or lowest depression.14-19: Mild depression. 20-28: Average depression. 29-63: Severe depression. As the reliability of tests is dependent on the study sample, before data analysis and study hypotheses test, internal consistent of study is estimated by Cronbach's alpha. The results are reported separated in Table 1.

Table 1: Reliability coefficients of study measure (present study)[n=287]

Internal consistency Cronbach's alpha	Number of questions	Study measure	
0.879	21	Beck depression survey II	
0.611	5	Self-sacrifice	*Holyoake* codependency index
0.797	5	External focus	
0.583	3	Sense of being	
0.807	13	Total	

The above results based on the number of questions in subscales indicated internal consistency of study measure and showed good reliability for the results of questionnaires in sample group.

RESULTS

The frequency distribution and percent of sample group in terms of demographic features are shown in Table 2.

Table 2: Frequency distribution and percent of sample group in terms of demographic features (n=287)

	F	%
Marital status		
Single	92	32.1
Married	195	67.9
Marriage duration		
Less than 5	67	23.3
10 – 5	65	22.6
20 – 11	42	14.6
Above 20	13	4.5
Single	92	32.1
No response	8	2.8

Continue **Table 2: Frequency distribution and percent of sample group in terms of demographic features (n=287)**

		F	%
Education			
	Less than Diploma	4	**1.4**
	Diploma	49	**17.1**
	Associate	28	**9.8**
	BA	154	**53.7**
	MA and above	52	**18.1**
Age			
	26 – 17	85	**29.6**
	36 – 27	149	**51.9**
	46 - 37	53	**18.5**
Number of family members			
	2	70	**24.4**
	3	72	**25.1**
	4	66	**23.0**
	5	36	**12.5**
	Above 5	27	**9.4**
	No response	16	**5.6**
Number of children			
	0	77	**26.8**
	1	68	**23.7**
	2	42	**14.6**
	3	3	**1.0**
	Higher than 3	2	**0.8**
	Single	92	**32.1**
	No response	3	**1.0**

Central measures and dispersion of study variables are reported in Table 3.

Table 3: Central measure and dispersion indices of studied variables (n=287)

Variable	Subscale	Mean	Median	Mode	SD	Min	Max
Depression		18.00	19.0	29	11.238	0	**49**
Codependency	Self-sacrifice	16.05	16.0	16	3.570	7	**25**
	External focus	11.51	11.0	10	4.328	5	**22**
	Sense of being	8.56	8.0	8	2.720	3	**15**
	Total	36.12	35.0	35	8.364	17	**59**

The statistical tests to evaluate the present study hypotheses are in parametric tests. Pearson correlation coefficients between variables and result of Pearson correlation coefficient between codependency score (its subscales) with depression are reported in Table 4.

Table 4: Correlation coefficients and result of correlation coefficient test between codependency and depression

variables		Self-sacrifice	External focus	Sense of being	Codependency	Depression
1. Self-sacrifice		1.000				
2. External focus		0.366 **	1.00			
3. Sense of being		0.402 **	0.50 **	1.00		
codependency		0.747 **	0.83 **	0.76 **	1.000	
Depression	r_{XY} (n=287)	0.319	0.64	0.51	0.63	1.000
	$t_{(df=285)}$	5.682 **	14.28 **	10.22 **	14.02 **	

* $P<0.05$, ** $P<0.01$

At first, the coefficient of determination (squared correlation coefficient) between subscales of codependency is tested as predictor variables and depression as criterion variable. The results of significance test of coefficient of determination are shown in Table 5.

Table 5: Regression analysis of depression prediction based on codependency

Predictor variables	Criterion variable	R	R^2	Degree of freedom	F
Self-sacrifice External focus Sense of being	Depression	0.684	0.468	283.3	82.8 **

** $P<0.01$

The calculated F (82.821) is bigger than $_{01}F$ critical with degree of freedom 3,283 (3.38) and with confidence interval 99%, H0 regarding insignificance of coefficient of determination (0.468) is rejected. About 47% of depression changes in women are explained by codependency (0.468 =R^2). Then, to show the share of each of subscales of codependence in prediction of women depression, regression coefficient is calculated and the result is shown in Table 6.

Table 6: Regression coefficient to predict depression based on codependency subscales

Criterion variable	Predictor variable	Non-standardized coefficients		Standardized coefficients	t
		B coefficient	Standard error	Beta	
Depression	Residual (a)	7.624-	2.369	-------	3.2 **
	Self-sacrifice	0.105	0.152	0.033	0.68
	External focus	1.322	0.134	0.509	9.89 **
	Sense of being	1.018	0.216	0.247	4.71 **

* $P<0.05$, ** $P<0.01$

Based on calculated regression coefficients and their statistical test results, regression equations to predict depression on subscales of codependency are presented in the followings.

DISCUSSION AND CONCLUSION

Based on the studies, findings of first hypothesis are consistent with the studies of Hughes et al., (1998), Beck et al., (1994) and Marks et al., (2012) and showed that there was a positive relationship between depression and codependency. The women with codependency by resorting to suppressive rules avoided emotions expression and forgot fulfilling their individual needs and attempted to satisfy others. This state leads to one's depression in long-term (Marks et al., 2012). In other words, women in case of having codependency features have extreme attention to the others needs but they don't receive any feedback and no effective interpersonal relationship are formed. Thus, it is

possible that failure of these people to receive attention leads to depression (Farsham et al., 2014). If codependency is improved in women, they forget themselves and consider their own satisfaction in satisfaction of others. If the conditions are according to their desires, no problem is created but if appreciation is not made of them or positive responses are not given, failure and hopelessness are increased and they lead to depression (Beck et al., 1994). On the other hand, if codependent women search happiness in the world outside of their real self, and search for others approval and achieving emotional reactions, these people have low self-esteem and self-worth and this factor leads to depression (Arguelles-Manda, and psych, 2014). The findings of second hypothesis support the findings of Hughes et al., (1998), Martsolf *et al.* (2000), Beck *et al.* (1994) and Farsham *et al.* (2014).

Wegscheider and cruse (1990) stated that one of the key depression factors in women is their dependency on others and external culture regarding responding their expectations. They state that disturbance in women relations to other life issues can increase depression disorder. Talwar (2011) states that importance of close relations with others is obvious in women and disorder in this issue is described as a major factor in increasing depression. Generally, codependent people don't feel happy and satisfied and they search for happiness in external world and they search for approval and affection (Beiti, 2011). These people have low self-esteem and lack of self-worth, low motivation and pessimism to future are of their features. These people are vulnerable to depression (Corski, 1992). Other features of codependent people is extreme consideration to needs and desires of others as they don't receive any feedback, no effective interpersonal relation is formed. It is possible that failure of these people to receive attention leads to depression (Farsham et al., 2014).

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