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'Of my child, I take care': Relationships between parental-filial codependency, personality, and attachment

'Do meu filho, cuido eu': Relações entre codependência parental-filial, personalidade e apego

'A mi hijo, yo cuido': Relaciones entre codependencia parental-filial, personalidad y apego

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Resumo

A codependência pode ser compreendida como uma compulsão por cuidar de outro indivíduo, na qual se estabelece um relacionamento disfuncional com prejuízos e sofrimento para ambas as partes. No contexto da parentalidade, relacionamentos com codependência podem ultrapassar os limites do cuidado e prejudicar o desenvolvimento das crianças. No entanto, estudos sobre a codependência parental-filial são escassos. Este estudo buscou examinar relações de codependência entre pais e filhos, traços de personalidade e estilo de apego do cuidador. Responderam a um questionário 487 adultos brasileiros com filhos, dos quais 79,7% eram mulheres, com média de idade de 46,9 anos. Correlações fracas a moderadas foram encontradas, negativas entre a codependência e os

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fatores de personalidade extroversão, amabilidade, responsabilidade e abertura a novas experiências, e positivas com o fator neuroticismo e a dimensão ansiedade do apego. Mulheres e cuidadores primários apresentaram níveis mais altos de codependência. Este estudo fornece novas evidências sobre a codependência em contextos parentais e destaca a necessidade de intervenções direcionadas.
Palavras-chave: codependência psicológica; cuidado parental; personalidade; apego.

Abstract

Codependency can be understood as a compulsion to care for another individual, where a dysfunctional relationship is established, resulting in losses and suffering for both parties. In parenting contexts, codependent relationships may exceed the bounds of care and hinder the development of children. However, studies on parental-filial codependency are scarce. This study aimed to explore codependency relationships between parents and children, caregiver personality traits and attachment style. A questionnaire was answered by 487 Brazilian adults with children, of whom 79.7% were women, with an average age of 46.9 years. The findings revealed weak to moderate correlations, negative between codependency and the personality factors extroversion, agreeableness, conscientiousness, and openness to new experiences, and positive ones with the neuroticism factor and the anxiety dimension of attachment. Women and primary caregivers presented higher codependency levels. This study provides new evidence on codependency in parental contexts and underscores the need for targeted interventions.
Keywords: psychological codependency; parenting; personality; attachment.

Resumen

La codependencia puede entenderse como una compulsión por cuidar de otro individuo, en la que se establece una relación disfuncional con pérdidas y sufrimiento para ambas partes. En la crianza de hijos, las relaciones codependientes pueden exceder los límites del cuidado y perjudicar el desarrollo de los niños. Sin embargo, los estudios sobre la codependencia padre-filial son escasos. Este estudio buscó examinar relaciones de codependencia entre padres e hijos, rasgos de personalidad y estilo de apego del cuidador. Respondieron a un cuestionario 487 adultos brasileños con hijos, de los cuales el 79,7% eran mujeres, con una edad media de 46,9 años. Se encontraron correlaciones débiles a moderadas, negativas

entre la codependencia y los factores de personalidad extroversión, amabilidad, responsabilidad y apertura a nuevas experiencias, y positivas con el factor neuroticismo y la dimensión ansiedad del apego. Las mujeres y los cuidadores primarios presentaron niveles más altos de codependencia. Este estudio aporta nuevas evidencias sobre la codependencia en contextos parentales y resalta la necesidad de intervenciones específicas.
Palabras clave: codependencia psicológica; crianza de niños; personalidad; apego.

Introduction

Codependency can be understood as a compulsion to take care of another person, creating a relationship of excessive care, in which a sense of purpose is provided to the codependent individual (Humberg, 2003; Spann & Fisher, 1990). Although it is recognized how codependency can have negative impacts on interpersonal relationships, studies focusing on codependency in parental contexts are still scarce. A deeper understanding of codependency patterns, their relationships with personal and contextual characteristics, and their effects on family dynamics could supply therapists with more tools for clinical practice focused on promoting healthy and functional relationships. Hence, this study aimed to investigate the relationships between individual characteristics, such as personality traits and attachment, and parents' codependence with their children.

Codependency

The term "codependent" originated from "co-chemical dependence" (Whitfield, 1984), initially used to designate people who became dysfunctional as a result of a serious relationship with an alcoholic (Beattie, 2017). Thus, its beginnings took place in the 1940s, with the establishment of a support group created by the wives of members of the Alcoholics Anonymous (AA) group to share their problems resulting from their husbands' alcoholism (O'Brien & Gaborit, 1992) and the theoretical approach continued to consider codependency as derived from the relationship maintained with individuals with substance use disorder (SUD) (Beattie, 2017; Cullen & Carr, 1999).

After decades of research, codependency has been studied in various countries, including Colombia, Argentina, Palestine, Turkey, and India (Alzaghal & Hamamra, 2024; Aşkan & Ceylan, 2024; Biscarra et al., 2024; Cortez et al.,

2023; Salonia et al., 2021). It has emerged as a distinct disorder that exists independently of SUD (O'Brien & Gaborit, 1992). Consequently, codependency is not solely related to the drug use of significant individuals in a person's life. Research indicates that codependency is associated with alterations in brain processing and involves both psychological and genetic factors (Rozhnova et al., 2020; Zielinski et al., 2019).

Some consider codependency as an addiction, while others consider it a personality or relational disorder (e.g., Cueto Prieto & Corzo Pérez, 2021). It can be defined as a dysfunctional pattern of relating to others, characterized by an extreme focus on someone else, a lack of honest expression of feelings, and an attempt to gain a sense of purpose through a relationship (Spann & Fisher, 1990). It comprises a specific and stable attitude that determines a person's perception and behavior towards others (Happ et al., 2023). Additionally, it is defined as a compulsion to care for and control another person (Humberg, 2003).

Individuals with codependency often face challenges with self-image, expressing emotions, and managing anxiety related to intimacy. They tend to exhibit compulsive control over others, a strong need to help, an inclination to take on others' responsibilities, constant concern for others, and a neglect of their own needs (Zampieri, 2004). Codependent individuals become obsessed with changing the behavior of the person they are dependent on and feel accountable for meeting their needs (Karaşar, 2021). Moreover, they frequently center their lives around their object of codependency, often speaking exclusively about them (Humberg, 2003). They are also highly sensitive to negative criticism and are prone to feelings of anxiety and vulnerability (Happ et al., 2023).

Codependency and parenting

The parenting relationship aims to ensure care, thereby facilitating the child's education and development (Souza & Fontella, 2016). However, codependency goes beyond these limits. Caretaking in codependency is considered inappropriate (Alzaghal & Hamamra, 2024). Parents with higher codependency levels may find it challenging to establish and enforce limits for their children, and may abuse or neglect their children and other responsibilities (Beattie, 2017). These dysfunctional relationships lead both individuals to pain, suffering, and countless emotional losses (Beattie, 2017).

In this sense, excessive control and involvement, such as overprotection, excessive monitoring, and restriction of autonomy are patterns commonly observed in codependency. These behaviors have adverse effects on individuals,

including anxiety, social anxiety, depression, and stress, as well as negative impacts on psychological, behavioral, social, and relational development in children and emerging adults (Cui et al., 2022; La Rosa et al., 2025; Urone et al., 2024). Furthermore, overprotective and controlling parenting are associated with the development of both externalizing and internalizing symptoms (Urone et al., 2024). In contrast, autonomy-supportive parenting, a pattern opposing codependent behavior, is linked to academic achievement, desirable social outcomes, and positive functioning (Vasquez et al., 2016). Although these effects may vary depending on the cultural context (Arshad & Shakeel, 2025) and be influenced by mediating factors such as self-efficacy, self-esteem, and autonomy (La Rosa et al., 2025), codependency is detrimental to both the child's development and the caregiver's well-being.

Children with health conditions such as substance use disorders or chronic illnesses naturally require more care and attention, creating a context that may foster codependency in caregivers (Aşkan & Ceylan, 2024). For example, mothers of children with substance use issues have expressed feelings of isolation and emptiness, mirroring their children's emotional struggles. These mothers often experience a sense of symbiosis with their child, where their lives fluctuate with the ups and downs of their child's experiences. They dedicate significant time to their child, often canceling their own activities to prioritize caregiving (Nordgren et al., 2019).

Similarly, mothers of children with autism frequently neglect their own needs to care for their child, experience loneliness and isolation, and exert relentless effort to provide what their child lacks. These mothers often believe that only they are capable of adequately caring for their child (Fadda & Cury, 2019). A study on mothers of children with Down syndrome revealed similar challenges, including feelings of fear and frustration and significant lifestyle changes, such as curtailing or abandoning their professional life (Benevides et al., 2020).

Some studies have evaluated codependency within specific groups, such as pediatric nurses and women (Evgin & Sümen, 2022; Kolenova & Kukulyar, 2024; Pekyiğit et al., 2024). Both women and professions like nursing are closely associated with caregiving roles. Additionally, the role of a parent or equivalent caregiver involves a significant level of care; however, research focusing on codependency in parenting remains limited.

Codependency and personality

Some factors are related to codependency, such as internet addiction, focus on others and self-neglect, medical and psychosomatic issues, problems in

the family of origin, physical abuse, sexual trauma, childhood trauma, depression, need for social approval, self-love, and self-efficacy (Diotaiuti et al., 2022; Evgin & Sümen, 2022; Karaşar, 2021; Silva, 2021). Other factors that may help explain codependency are attachment and personality.

Personality can be understood through the Big Five Factors model. First, the extroversion factor predisposes individuals to activity and a tendency to experience positive emotions, such as joy and pleasure (Costa & McCrae, 1992). This factor is characterized by active, sociable, expressive, and assertive behavior, which includes a tendency to seek stimulation through interaction with others, as well as being active and communicative (Natividade & Hutz, 2015). Individuals with codependency show low self-esteem (Beattie, 2017) and communication difficulties (O'Brien & Gaborit, 1992), and previous studies found a negative correlation between codependency and extroversion (Subramanyam et al., 2024).

Second, agreeableness comprises a tendency to demonstrate empathy, altruism, and prosocial behavior (Natividade & Hutz, 2015). Individuals with codependency tend to prioritize the interests of others over their own (O'Brien & Gaborit, 1992) and shape their lives around the goals of people they care about, often offering them advice, gifts, and favors (Beattie, 2017). In one study, codependency was measured through self-sacrifice, reactivity, and external focus, and agreeableness was found to be a predictor of external focus (Orbon et al., 2021).

Next, conscientiousness encompasses a tendency to be disciplined and organized, as well as having self-control when engaging in tasks that lead to a goal (Natividade & Hutz, 2015). Individuals with high levels of this trait are more cautious, motivated, and engaged in the struggle for success (Costa & McCrae, 1992). Individuals with codependency often strive to take care of others, which leads them to undertake tasks in an effort to seek approval and acceptance (Beattie, 2017). Thus, they are engaged in the fight for the success of others, and not for themselves. Moreover, conscientious individuals presented significantly lower averages on two out of five codependency factors, namely self-worth and medical problems (Aşkan & Ceylan, 2024).

Neuroticism concerns the tendency to experience negative emotions, anxiety, depression, and emotional instability (Natividade & Hutz, 2015). Previous studies have found codependency positively related to neuroticism (Subramanyam et al., 2024), neuroticism as a predictor of reactivity when codependency was measured through the factors self-sacrifice, reactivity, and

external focus (Orbon et al., 2021), and significantly higher codependency scores in anxious individuals (Aşkan & Ceylan, 2024).

Finally, people with high levels of openness to novel experiences tend to try new things and thoughts, be very creative and curious (Costa & McCrae, 1992). Individuals with codependency disparage their thoughts, words, and actions as never being good enough (Beattie, 2017). In addition, Subramanyam et al. (2024) have found a negative correlation between codependency and openness to new experiences.

Codependency and attachment

According to Attachment Theory, during childhood, a figure serves as a secure base, from which the child feels safe to explore the environment, and as a safe haven, for moments in which the child feels distressed or scared during exploration (Bowlby, 1969). An individual's relation with their caregiver forms a mental representation of relationships, which is, in turn, used in future relationships (Shiramizu et al., 2013). Attachment can also change throughout one's life (Chopik et al., 2024).

Attachment can be understood in the dimensions of anxiety and avoidance. Attachment-related anxiety comprises concerns about the responsiveness of the attachment figure and the stability of the relationship, as well as a recurring need for physical and emotional closeness (Natividade & Shiramizu, 2015). Attachment-related avoidance is characterized by discomfort with emotional closeness, a preference for independence from romantic partners, and a tendency to maintain emotional distance (Natividade & Shiramizu, 2015). High levels of attachment-related anxiety or avoidance characterize insecure attachment, whereas low levels of attachment-related anxiety or avoidance characterize secure attachment.

The development of a secure attachment between a child and their caregiver promotes the child's well-being and positive functioning. As a result, attachment-based parenting interventions are frequently employed in clinical settings to foster healthy attachment and improve life outcomes (Gregory et al., 2020). A secure attachment style is characterized by a balance of both high demands and responsiveness (Ebrahimi et al., 2017).

Previous studies have shown how people with insecure attachment showed greater codependency in relationships compared to those with secure attachment (Shahparonyan, 2022). Permissive parenting and insecure attachment were associated with higher levels of codependency (Gottuso, 2021). People with

codependency experience anxiety about attachment and separation (Cermak, 1986). However, the attachment-related avoidance dimension contrasts with codependency, as people with codependency often seek rapprochement and consider themselves responsible for the feelings, actions, choices, desires, needs, well-being, and even the destiny of the other (Beattie, 2017).

Current study

Codependency is associated with adverse effects for the individual. For example, it is negatively correlated with life satisfaction and affects the functioning, quality, and perception of relationships, leading to an increased perception of problems (Happ et al., 2023). In addition, codependency in women is related to a high level of self-harm, which indicates a tendency to self-destructive behaviors (Rozhnova et al., 2020). Finally, in parents of children with intellectual disabilities, it is associated with depression, anxiety and stress (Ehsan & Suneel, 2020), and in nursing students, it is positively associated with depression and low self-worth, and negatively associated with self-esteem, considered a cause and a result of it (Evgin & Sümen, 2022).

Codependency also negatively impacts the well-being of others. Individuals with codependency have shown ineffective emotional responses in the prefrontal cortex when exposed to images of their loved ones affected by substance use disorders (SUD) (Zielinski et al., 2019). This dysfunction may lead to less cautious or more impulsive decision-making, which can, in turn, negatively impact the recovery process of the individual with SUD, the well-being of the codependent family member, or the quality of the family relationship. Therefore, taking family members' codependency into account may enhance the effectiveness of SUD treatment (Coelho & Paz, 2020; Humberg, 2003; Zielinski et al., 2019).

Thus, studying codependency is relevant for improving both treatments and individual and family well-being. To formulate interventions that mitigate its negative consequences, it is first necessary to understand the factors associated with its emergence, permanence, and outcomes. Studies on codependency using Brazilian samples are scarce. To this end, the present study aimed to explore correlations between parent-child codependency, personality, and attachment. Accordingly, based on the previous literature, the following hypotheses were formulated:

H1: Extroversion will be negatively correlated with codependency.

H2: Agreeableness will be positively correlated with codependency.

H3: Conscientiousness will be negatively correlated with codependency.

H4: Neuroticism will be positively correlated with codependency.

H5: Openness to new experiences will be negatively correlated with codependency.

H6: Attachment-related anxiety will be positively correlated with codependency.

H7: Attachment-related avoidance will be negatively correlated with codependency.

Method

Participants

A sample of 487 adults, from all regions of Brazil, of whom 79.7% women and 18.3% men, with a mean age of 46.9 years (*SD*=9.97), participated in this study. The inclusion criteria were being Brazilian, literate, at least 18 years old, and having a child or being a caregiver for one. Most participants had completed postgraduate studies (53.4%). All participants had children and reported performing the role of parents in their family structures, with 46.2% of the sample having two children, 39.8% only one child, 12.1% three children, and 1.8% having four or more children. Furthermore, 69.2% of participants were married, 10.5% were divorced, 9.2% were in a common-law marriage, 8.6% were single, 1.2% were widowed, and 1.2% others.

Instruments

Participants answered an online questionnaire that included sociodemographic questions, such as age, gender, number of children, and whether they lived with the child(ren) in the same household. The questionnaire also included the scales described below. To avoid potential response biases (Natividade et al., 2012), all items were written in both masculine and feminine forms.

Parental-Filial Codependency Scale (COPAFI) (elaborated in this study). Some scales are available in Brazil to assess codependency in general (e.g., Fagundes, 2020; Humberg, 2003; Patias et al., 2022), but none are designed explicitly for codependency of parents in relation to their children. To assess

the parents' codependency with their children, 25 items were devised, 16 of which adapted from the Spann-Fisher Codependency Scale (SF CDS) (Fisher & Spann, 1991; Brazilian version by Humberg, 2003), tailored to the context of parenting; and nine were designed by two experts on the subject with experience in instrument development, item translation and adaptation, as well as clinical experience in treating individuals with codependency. The item construction was grounded in theoretical definitions of codependency, understood as an obsession and compulsion to care for others (Humberg, 2003), as well as a dysfunctional pattern of relating to others characterized by an extreme external focus, suppression of emotions, and a sense of self-worth derived from relationships with others (Fisher & Spann, 1991). The items consisted of statements for participants to respond to, indicating how much they agreed with each one, on a six-point scale ranging from 1 (strongly disagree) to 6 (strongly agree). Then, the items were presented to a group of 20 people, comprising psychologists and undergraduate, master's, and doctoral students in psychology, to evaluate their understanding of the items and their suitability for the construct. After that, minor adjustments were made to the items before data collection commenced. Initially, the suitability of a single-factor structure for the instrument was verified. The Brazilian study by Humberg (2003) did not report a factor analysis. However, the original study by Fisher and Spann (1991) reported a unidimensional structure, having tested both four-factor and one-factor models. Therefore, a unidimensional structure was expected in the present study. Ten problematic items were excluded because they had low commonality and reduced the data fit. Thus, the final version of the scale comprises 15 items, six of which were adapted from the Spann-Fisher Codependency Scale and nine items constructed in this study. A single factor explained 40% of the variance of the 15 scale items. The model yielded the following fit indices: CFI=0.95, TLI=0.94, and RMSEA=0.092. The internal consistency of the scale, as measured by the alpha coefficient, was 0.87. The higher the score on this scale, the greater the level of parental-child codependency.

Reduced Scale of Personality Descriptors (Red5) (Natividade & Hutz, 2015). This instrument assesses the five major personality factors: agreeableness (α=.77), extroversion (α=.84), conscientiousness (α=.70), neuroticism (α=.67), and openness to experience (α=.59). The instrument consists of 20 adjectives or brief expressions, four for each factor. The alpha coefficients presented are those reported in the original study. Participants respond, on a seven-point scale, how

much they agree that each adjective or expression adequately describes them. The higher the scores, the higher the levels in each factor.

Experience in Close Relationship Scale – Reduced (ECR-R-Brasil) (Natividade & Shiramizu, 2015). This instrument accesses two dimensions of adult attachment: anxiety and avoidance. The instrument consists of 10 items to be answered on a seven-point agreement scale, with five items for each dimension of attachment. Higher scores indicate greater levels of attachment-related anxiety and avoidance. The original study by Natividade and Shiramizu (2015) reported Cronbach's alpha of 0.73 for both dimensions.

Procedures

Ethics and data collection

This project was associated with a larger study on codependency that was approved by the Universidade Católica de Petrópolis Ethics Committee under protocol number CAAE 63659822.0.0000.5281. Data collection was conducted using a structured online questionnaire. The link that gave access to the collection instrument was made available and disseminated through social media platforms (e.g., WhatsApp, Facebook, Instagram). Participation was entirely voluntary and conducted exclusively through an online platform. Only individuals who were genuinely interested in contributing to the survey were meant to access it. No direct benefit was offered in exchange for participation, and none of the participants were in subordinate positions or situations that might compromise the voluntary nature of their involvement.

Participants were informed that the research adhered to the ethical guidelines outlined in Resolution 510/2016 of the National Health Council, and therefore, confidentiality and privacy would be guaranteed. Additionally, participation was completely voluntary. On the first page of the questionnaire, the Free and Informed Consent Form (FICF) was available, which participants had to consent to in order to participate in the research. The FIFC clearly outlined the purpose of the study, the expected response time, minimum risk, absence of any form of compensation or direct benefit, the procedures involved to answer the online questionnaire, security of the data storage, and the participants' rights to withdraw consent and cease participation at any time without any harm to them, and be referred to a free psychological support service in case of discomfort. The confidentiality and privacy of the information collected were assured to the participants. No personally identifiable information was collected, and all responses

were anonymous. These procedures ensured that participation was based solely on free will and fully aligned with recognized ethical standards in research involving human subjects.

Analysis

First, the data was cleaned by excluding participants who failed to respond correctly to the control items. These items are embedded in each scale to guarantee that participants are attentive to their responses. Thus, retaining only participants who answer control items correctly enhances the reliability of the data.

In search of validity evidence based on the internal structure for the Parental-Child Codependency Scale (COPAFI) developed for this study, an exploratory factor analysis was performed. This analysis was conducted using the Robust Diagonally Weighted Least Squares (RDWLS) method, based on the polychoric correlation matrix and employing the Hull method to determine the number of factors, as implemented in Factor software version 10.9.02 (Ferrando & Lorenzo-Seva, 2017). The CFI and TLI indices that came close to the recommended cutoff of 0.95, with RMSEA values below or close to 0.08, indicate an acceptable model fit (Hu & Bentler, 1999). Additionally, the reliability coefficient of COPAFI was calculated. Alpha values above 0.70 were considered acceptable (Nunnally & Bernstein, 1994).

Descriptive and correlational analyses were conducted to examine the relationships between parental-child codependency, attachment, personality, and sociodemographic variables. In addition, t-test and ANOVA group difference tests were performed to verify differences in the levels of parental-child codependency between people with different degrees of caregiving responsibility, family members with a history of substance abuse, caregivers of different genders, and caregivers who lived with or apart from their child(ren). Size effects were interpreted in accordance with the guidelines set by Cohen (1988). Thus, d>20 was considered small, d>50 was considered medium, and d>80 was considered large. All analyses were conducted in jamovi (The jamovi project, 2023).

Results

Correlation analyses were conducted between parental-child codependency, attachment factors (avoidance and anxiety), the Big Five Personality

Factors (extroversion, agreeableness, neuroticism, conscientiousness, and openness), number of children, respondent's age, and whether they lived with other adults at home. The results are presented in Table 1. Positive correlations were found between parental-child codependency and attachment-related anxiety (H6) and neuroticism (H4). At the same time, negative correlations were found between parental-filial codependency and agreeableness (H2), conscientiousness (H3), openness to new experiences (H5), number of children, and age. The magnitude of these correlations with parental-child codependency was weak, while moderate associations were observed with attachment anxiety, neuroticism, and age. No significant relations were found between parental-child codependency and attachment-related avoidance (H7) and extroversion (H1).

Next, group difference tests were carried out to verify differences in the levels of parental-child codependency between those who live with children and those who do not; between who was the primary caregiver, who shared the care, and who was not the primary caregiver; between men and women; and between participants with a personal or family history of substance abuse and those without such a history. The results are presented in Table 2. Higher levels of codependency were found among participants who lived with their child(ren), compared to those who did not. ANOVA results indicated significant differences in codependency according to caregiving involvement.

Post-hoc analyses showed that primary caregivers reported significantly higher levels of codependency than those who shared caregiving responsibilities or were not the primary caregiver. However, no significant differences were found between primary caregivers and those who shared caregiving equally. Additionally, women showed higher levels of parental-child codependency compared to men. Together, these findings suggest a profile of parental-child codependency characterized by higher levels in women, individuals who are the primary caregiver, and those who live with their children. In contrast, lower levels of codependency were observed among men, participants who are not the primary caregiver, or those who do not cohabit with their children. Effect sizes were small and medium. Finally, no significant differences were found regarding the history of substance abuse.

Table 1 — Correlations between parental-filial codependency, attachment dimension, personality factors, number of children, age and living with other adults at home

	01	02 (*n*=457)	03 (*n*=457)	04 (*n*=471)	05 (*n*=471)	06 (*n*=471)	07 (*n*=471)	08 (*n*=471)	09	10
01– Parental-filial codependency	—									
02– Anxiety-attachment	.36**	—								
03– Avoidance-attachment	.09*	.16**	—							
04– Extroversion – Big5	-.09*	-.16**	-.18**	—						
05– Agreeableness – Big5	-.20**	-.14**	-.27**	.40**	—					
06– Neuroticism – Big5	.35**	.34**	.71	.11*	-.17**	—				
07– Conscientiousness – Big5	-.22**	-.22**	-.22**	.05	.20**	-.15**	—			
08– Openness – Big5	-.13**	-.12**	-.08	.29**	.18**	.00	.03	—		
09– Number of children (*n*=487)	-.11*	-.03	-.03	-.02	-.09 *	-.10 *	-.07	.00	—	
10– Age (*n*=487)	-.34**	-.13**	.15**	.06	-.08	-.09*	.13**	.00	.21**	—
11– Adults living at home (*n*=487)	.06	-.09	-.05	-.03	-.02	-.02	.00	.00	.23**	.05

Notes: Big5: Big Five Personality Factors; * $p<0.05$; ** $p<0.01$

Table 2 — Differences in levels of parental-filial codependency by gender, living with child, degree of caregiving responsibility, and history of substance abuse

	n	*M* (*SD*)	Statistical test	Cohen's *d*
Gender			$t(475)=2.50$, $p=.01$	0.31
Men	89	2.77 (0.87)		
Women	388	3.04 (0.94)		
Non-binary	2	—		
Others / Prefer not to declare	8	—		
Lives with child			$t(485)=5.06$, $p<.001$	0.67
Yes	422	3.06 (0.90)		
No	65	2.45 (0.90)		
Degree of child caregiving			$F(3, 487)=4.93$, $p=.002$	
Primary caregiver	178	3.13 (1.02)		
Primary caregiver, sharing with another person	205	3.00 (0.84)		
Shares the care equally *	78	2.78 (0.84)		0.36
Not the primary caregiver *	26	2.52 (0.96)		0.60
Use of psychoactive substances			$F(2, 487)=0.87$, $p=.42$	
Respondent uses	12	3.13 (1.10)		
Someone in the family uses	175	3.05 (0.99)		
No one in the family uses	300	2.94 (0.88)		

Note: * There are significant differences in the *post-hoc* with the primary caregiver group ($p<0.05$).

Discussion

This study aimed to investigate the relationships between parental-child codependency and personality, attachment, and sociodemographic characteristics, in order to expand knowledge regarding parental-child codependency. First, five hypotheses were formulated regarding personality factors, three of which were corroborated (H3, H4, and H5). As theoretically expected, parental-child codependency was negatively correlated with conscientiousness and openness to new experiences, and positively correlated with neuroticism (Beattie, 2017; Costa & McCrae, 1992; Fischer & Spann, 1991; Natividade & Hutz, 2015; O'Brien & Gaborit, 1992). Previous studies have also reported positive associations between codependency and neuroticism, as well as negative associations with conscientiousness (Gotham & Sher, 1996; Orbon et al., 2021; Panaghi et al., 2016). Notably, neuroticism appears to be a salient factor in explaining codependency symptomatology. These findings suggest that caregivers with a greater tendency toward anxiety and worry, coupled with a lower tendency to be goal-oriented and open to trying new things and ideas, are more likely to exhibit caregiving controlling behaviors toward their child.

In contrast, contrary to the formulated hypotheses (H1 and H2), agreeableness was negatively correlated with codependency, and extroversion showed no significant correlation with parent-child codependency. On the one hand, some studies have reported that agreeableness positively predicts codependency (Orbon et al., 2021) and that wives of drug users presented higher agreeableness levels in comparison to wives of non-drug users (Panaghi et al., 2016). Additionally, based on the conceptualization of agreeableness and codependency, a positive relationship is expected, as individuals with codependency tend to prioritize others' needs over their own (Natividade & Hutz, 2015; O'Brien & Gaborit, 1992). On the other hand, other studies pointed out negative associations between codependency and agreeableness personality factors, as well as with extroversion (Gotham & Sher, 1996; Panaghi et al., 2016).

Our findings may reflect characteristics of the sample. Specifically, because the study focused on parent-child relationships, parents may be more inclined to controlling and overprotective behaviors, rather than primarily striving to please their children. Another potential explanation relates to the instrument used to measure personality. Approximately half of the items assessing agreeableness pertain to being friendly, and the instrument evaluates extroversion and agreeableness as broad traits, emphasizing communicative and friendly tendencies across

all relationships (Natividade & Hutz, 2015). Consequently, aspects of general friendship may differ significantly from those of the parental role, and the chosen instrument may not have adequately captured specific nuances of communication and relational dynamics between parents and children. Furthermore, the negative association with agreeableness may also reflect a form of false altruism, in which individuals with codependency engage in helping and pleasing others as a means of seeking approval. Future studies should aim to replicate these findings in larger and more diverse samples and employ instruments specifically designed to assess parent-child communication and roles.

Some authors conceptualized codependency as a personality disorder (e.g., Wright & Wright, 1995). Empirical evidence indicates associations between codependency and other personality disorders, including weak correlations with dependent personality disorder and moderate correlations with borderline personality disorder (Hoenigmann-Lion & Whitehead, 2007). Mapping personality characteristics is therefore important for strengthening the nomological network of codependency and for informing potential treatment interventions. Although the present study is correlational in nature, which does not allow for assumptions about causal direction, if codependency is understood as a relational or addiction disorder, it is more plausible that personality traits contribute to the development of codependency rather than the reverse.

Beyond that, two hypotheses were formulated regarding the relationship between codependency and attachment, one of which was supported (H6). As theoretically expected, attachment-related anxiety was positively associated with codependency. Caregivers with codependency characteristics may exhibit anxiety about losing their child, which can lead to excessive controlling and caring behaviors. Additionally, such caregivers are comfortable with dependence, thereby encouraging the child to become dependent on them. Previous studies have similarly found that secure attachment is negatively associated with codependency, whereas attachment styles characterized by high anxiety are positively related to it (Ayhan et al., 2025; Özüak-Tunca et al., 2024; Ramos Marcelo, 2025).

Conversely, a negative association between codependency and attachment-related avoidance was expected (H7). However, no significant relationship was observed. A closer examination of the avoidance items suggests that they primarily assess the extent to which individuals rely on and seek support from others during times of need or difficulty. This aligns more closely with the role of being cared for, rather than with a caregiver. Consequently, given that the instrument was completed by caregivers rather than children, the absence

of a significant correlation can be reasonably explained. Consistent with this interpretation, one previous study found that avoidance was positively related to codependency (Ayhan et al., 2025), while others found no significant relationship (Özüak-Tunca et al., 2024; Ramos Marcelo, 2025), which aligns with our results. Overall, these findings suggest that anxiety characteristics play a more central role in explaining codependency.

Codependency was also found to be negatively associated with the number of children and the respondent's age. In a previous study, having children was identified as a significant predictor of codependency (Ayhan et al., 2025). However, in the present study, we specifically examined parent-child codependency, and all participants were parents, which may explain the divergence in results. Regarding age, the findings in the literature are mixed. One study reported a weak positive association with age in primary caregivers of individuals with clinical mental illness (Aşkan & Ceylan, 2024), whereas another study found no association (Lindley et al., 1999). Specifically, in our sample, individuals with fewer children exhibited higher levels of codependency, and younger respondents were more likely to display greater codependency. A possible explanation for our findings is that having fewer children, as well as being younger, may reflect less experience in caregiving. This limited experience could intensify parental concerns and, consequently, lead to increased levels of care and involvement with the child.

Regarding group differences, people who live with their children showed higher levels of codependency, in comparison with those who live apart. In cases where children reside in other homes, they are either old enough to do so, thus requiring less care than a young child, or they live with another primary caregiver. In this sense, the primary caregiver presented higher levels of codependency in comparison to those who share care or are not the primary caregiver. However, *post-hoc* analyses indicated that when the primary caregiver shares caregiving responsibilities with someone else, their levels of codependence do not differ significantly from those of any other group. This suggests that sharing caregiving responsibilities may act as a protective factor against the development of codependent behaviors.

At the same time, it is also possible that individuals with higher levels of codependency tend to centralize care, taking on most responsibilities themselves, which may discourage or overlook the involvement of other caregivers. Individuals with higher levels of codependency likely assume the role of primary caregiver, rather than having this role assigned to them. This may occur as a way to impose excessive care and control, thereby limiting the opportunity for

other caregivers to share responsibilities. Consistent with this interpretation, no correlation was found between parental-child codependency and the presence of other adults living in the household. To our knowledge, no previous studies have examined these sociodemographic aspects of codependency, particularly in the context of Brazilian samples and parenting.

Furthermore, women presented higher codependency scores in comparison to men. This difference may be explained based on gender roles, whereby women are socially considered primarily responsible for caregiving (Bertelli et al., 2021; Pimenta & Serralha, 2023). Although a certain degree of dependency between mother and child is expected during specific developmental phases, it is also expected that the mother will resume other activities and roles at some point. Mothers often report feeling overwhelmed, lacking support, and facing increased responsibilities as challenges of motherhood (Pimenta & Serralha, 2023). The constant preoccupation with the child and neglect of one's own needs, features of codependency, can be influenced by these social and cultural expectations on women. Although it is essential to acknowledge that men can also be affected by codependency, previous studies have also found higher codependency rates in women (Aşkan & Ceylan, 2024; Ayhan et al., 2025; Subramanyam et al., 2024).

Finally, there were no differences between those who abused substances and those who had a family member with a substance use disorder (SUD), compared to those who did not. Several studies have examined codependency as a phenomenon closely connected to SUD (e.g., Bradshaw et al., 2021; Melo & Cavalcante, 2019; Moraes et al., 2009), which may be helpful when designing interventions tailored to these specific groups. However, the present study supports the idea that codependency is a condition that exists independently of the presence of SUD (O'Brien & Gaborit, 1992). Previous research has also reported no significant differences in codependent characteristics between alcoholics and the spouses of alcoholics (Prest et al., 1998). In contrast, students with a history of chronic family stress (with an alcoholic, mentally ill, or physically ill parent) had significantly higher codependency scores (Fuller & Warner, 2000). These findings suggest that adverse experiences and family-of-origin functioning may be more relevant predictors of codependency than alcoholism *per se*.

This research had some limitations, including being restricted to a highly educated sample and the fact that its findings lack explanatory power, since it is a correlational study. Additionally, all correlations and size effects were weak to moderate in strength. Although strong coefficients were not expected,

especially given the use of reduced instruments, this still limits the conclusions that can be drawn, due to the limited predictive power or confounding variables. Furthermore, participants were not screened according to whether they were caring for children with any disorder, which could have moderated some relationships explored. Finally, we did not add an outcome variable concerning harm or prejudice, such as child development or respondent stress. Including such variables would have been helpful for empirically testing whether codependency is harmful to children, given that culture plays a significant role in shaping perceptions of parenting behaviors. For example, in a study conducted in Pakistan, a country with a collectivist culture, overparenting was viewed as a positive parenting approach and had a positive impact on adolescents (Arshad & Shakeel, 2025).

Future studies are encouraged to further expand knowledge about codependency by applying the parental-child codependency instrument to more diverse or clinical samples, in addition to exploring its relationship with other variables, including family functioning, children's mental health, and parental stress. Furthermore, the impact of parental-child codependency on relationship satisfaction and individual well-being should be investigated. Strategic directions for research include longitudinal studies that track the development of children with parents with high levels of codependency, as well as correlating parental-child codependency with observational tasks. Future studies could also test whether interventions aimed at reducing levels of attachment-related anxiety and neuroticism, and increasing levels of conscientiousness and openness to new experiences are capable of achieving reduced levels of parental-child codependency.

In conclusion, this study aimed to explore the relationships between parental-child codependency and personality, attachment, and sociodemographic characteristics, to expand the knowledge base regarding parental-child codependency. Additionally, a Parental-Filial Codependency Scale was developed as a specific instrument for assessing the relationship between caregivers and children, exhibiting satisfactory psychometric properties and potential applications in both clinical contexts and future research. Although the scale developed focuses on parents, it is essential to note that the parenting concept can be expanded to include relationships between any caregiver and their care recipient (e.g., grandparents, nannies).

Although it is not possible to establish causality between the studied variables, the present study contributes to the understanding of codependency as a behavioral addiction or relational disorder, which can potentially be explained by stable traits such as personality and attachment. Thus, as the relationships

found in this study indicate, it is likely that interventions targeting attachment-related anxiety, conscientiousness, neuroticism, and openness to new experiences are promising treatment paths for codependency. In this sense, the prominence of attachment as a relevant variable for parental-child codependency highlights the importance of considering the therapeutic alliance and interventions aimed at fostering secure attachment in clinical practice.

Moreover, this study provides empirical data from the Brazilian context, reinforcing that the effects and correlates of codependency are not universally homogeneous across cultures (Arshad & Shakeel, 2025). It is noteworthy that, within the Brazilian psychological assessment system (SATEPSI), there are no approved instruments to measure codependency. While some open-access instruments exist, they do not specifically address the parental context. Therefore, another relevant implication of this study is the development of a parental-child codependency instrument, which can be applied both in clinical settings and in counseling approaches related to substance use disorders. Although the lack of a preexisting instrument to assess one of our study variables could be viewed as a limitation, it can also be considered a strength, as it led to the development of a culturally adapted tool for the Brazilian context. Finally, as codependency is related to harm for both the individual and the person being cared for (Beattie, 2017; Happ et al., 2023), this study contributes to clarifying factors that may explain the development of parental-child codependency, indicating potential treatment pathways, as well as assisting in the clinical identification of this condition.

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Appendix

Escala de Codependência Parental-Filial (COPAFI)
[Parental-Filial Codependency Scale]

Por favor, leia as afirmações abaixo e responda o quanto você concorda com elas. Use a escala de resposta considerando que quanto mais perto do 1 você marcar, menos você concorda com a afirmativa; e quanto mais perto do 6, mais você concorda com ela.

[Please read the statements below and say how much you agree with them.
In your responses, consider that the closer to 1 you choose, the less you agree with the statement; and the closer to 6, the more you agree with it.]

	Discordo fortemente [Strongly disagree]	Discordo moderadamente [Moderately disagree]	Discordo levemente [Slightly disagree]	Concordo levemente [Slightly agree]	Concordo moderadamente [Moderately agree]	Concordo fortemente [Strongly agree]
01. Tenho dificuldade em tomar decisões quando envolvem meu/minha(s) filho/a(s). [I have difficulty making decisions when it involves my child(ren).]	1	2	3	4	5	6
02. Em geral me sinto culpado/a, quando faço algo de bom para mim que não envolve o/a(s) meu/ minha(s) filho/a(s). [I generally feel guilty when I do something good for myself that doesn't involve my child(ren).]	1	2	3	4	5	6
03. Eu me preocupo em excesso em relação ao/à(s) meu/ minha(s) filho/a(s). [I worry excessively about my child(ren).]	1	2	3	4	5	6

04. Muitas vezes eu me concentro tanto no/a(s) meu/minha(s) filho/a(s), que negligencio outros relacionamentos e responsabilidades. [I often focus so much on my child(ren) that I neglect other relationships and responsibilities.]	1	2	3	4	5	6
05. Frequentemente, tenho uma sensação de que algo ruim está para acontecer com meu/minha(s) filho/a(s). [I often have a feeling that something bad is about to happen to my child(ren).]	1	2	3	4	5	6
06. Frequentemente, coloco as necessidades do/a(s) meu/minha(s) filho/a(s) na frente das minhas. [I often put my child(ren)'s needs before my own.]	1	2	3	4	5	6
07. Passo a maior parte do meu dia pensando no/a(s) meu/minha(s) filho/a(s). [I spend most of my day thinking about my child(ren).]	1	2	3	4	5	6
08. Preciso sempre saber onde meu/minha(s) filho/a(s) está(ão). [I always need to know where my child(ren) is(are).]	1	2	3	4	5	6

09. Sinto necessidade de saber onde e/ou com quem meu/minha(s) filho/a(s) está(ão). [I feel the need to know where and/ or with whom my child(ren) is(are).]	1	2	3	4	5	6
10. Acho que minha vida não teria sentido se eu não cuidasse do/a(s) meu/ minha(s) filho/a(s). [I think my life would have no meaning if I didn't take care of my child(ren).]	1	2	3	4	5	6
11. Eu só me sinto bem de verdade quando recebo atenção do/a(s) meu/ minha(s) filho/a(s). [I only feel actually well when I receive attention from my child(ren).]	1	2	3	4	5	6
12. Eu sinto um desconforto excessivo quando meu/minha(s) filho/ a(s) não está(âo) ao meu lado, quando se encontra(m) em locais como escola, casa de um amigo, cinema ou com namorado/a(s). [I feel an excessive discomfort when my child(ren) is(are) not by my side, when they are in places such as school, a friend's house, cinema or with a boyfriend/girlfriend).]	1	2	3	4	5	6

13. Eu sinto medo, de forma desproporcional e sem nenhum motivo real, de perder meu/ minha(s) filho/a(s). [I feel fear, disproportionately and for no real reason, of losing my child(ren).]	1	2	3	4	5	6
14. Eu prefiro ficar em casa com meu/minha(s) filho/a(s) do que sair com o meu/ minha parceiro/a, familiares e amigos. [I prefer to stay at home with my child(ren) than go out with my partner, family, and friends.]	1	2	3	4	5	6
15. Eu sinto culpa quando meu/ minha(s) filho/a(s) fica(m) doente(s). [I feel guilty when my child(ren) get(s) sick.]	1	2	3	4	5	6

The mean of parental-child codependency is computed as the arithmetic mean of the values given as responses (add up the values and divide by the number of items).

Data availability

The data that support the results of this study are available upon reasonable request to the corresponding authors Daniela Zibenberg (danizibs@gmail.com) or Jean Natividade (jeannatividade@gmail.com).

Contribution of each author for the article

Andréia Tavares Batista: Establishment of the study's topic, supervision of the instrument's translation, data collection, initial manuscript writing.
Daniela Zibenberg: Data analysis, manuscript writing.
Jean Carlos Natividade: Supervision, data analysis, manuscript revision.

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The authors declare there are no conflicts of interest to disclose.

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