

## Those who love, care: Construction of a codependency scale in romantic relationships

### *Quem ama, cuida: Construção de uma escala de codependência em relacionamento amoroso*

*Quien ama, cuida: Construcción de una escala de codependencia en las relaciones amorosas*

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### ABSTRACT

Codependency is a dysfunctional relationship pattern consisting of obsessive behavior, often characterized by the control, care, and enabling of another person. Given that studies on codependency are scarce, there is no specific instrument to measure it in the context of romantic relationships. Therefore, this research is aimed at the development and validation of evidence for the *Escala de Codependência em Relacionamento Amoroso (ECORA)* [Codependency in Romantic Relationships Scale (CRRS)] as well as exploring its associations with variables such as personality, attachment, and relationship satisfaction. This instrument was administered to 245 Brazilian adults in romantic relationships. The results indicate data adequacy to a unidimensional instrument structure. Negative correlations were found between codependency and sexual attractiveness, while positive correlations were identified between codependency and attachment-related anxiety, emotional investment, and sexual restriction. No correlation was found between codependency and relationship satisfaction. Furthermore, men scored higher on the CRRS than women. This instrument may be used in future research.

**Keywords:** codependency, psychological, interpersonal relations, psychometrics, psychological instrument, romantic relationships.

### RESUMO

A codependência caracteriza-se como um padrão disfuncional de relacionamento, marcado pela obsessão de controlar, cuidar e agradar o outro. Estudos sobre codependência são escassos e não há instrumento específico para mensurá-la no contexto dos relacionamentos amorosos. Por isso, esta pesquisa teve por objetivo elaborar e buscar evidências de validade para a Escala de Codependência em Relacionamento Amoroso (ECORA), além de buscar por relações com as variáveis personalidade (Sexy Seven), apego e satisfação com o relacionamento. O instrumento foi aplicado a 245 adultos brasileiros em relacionamento amoroso. Os resultados apontaram a adequação dos dados à estrutura unifatorial do instrumento. Encontrou-se correlações da codependência negativa com atratividade sexual e positiva com ansiedade relacionada ao apego, investimento emocional e restrição sexual. Não foi encontrada correlação com a satisfação com o relacionamento amoroso. Além disso, os homens apresentaram médias superiores na ECORA, em comparação com as mulheres. O instrumento pode ser usado em pesquisas futuras.

**Palavras-chave:** codependência psicológica, relações interpessoais, psicometria, instrumento psicológico, relações amorosas.

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## RESUMEN

La codependencia se caracteriza como un patrón disfuncional de relación, marcado por la obsesión de controlar, cuidar y complacer al otro. Los estudios sobre la codependencia son escasos y no existe un instrumento específico para medirla en el contexto de las relaciones amorosas. Por ello, esta investigación tuvo como objetivo elaborar y buscar evidencias de validez para la *Escala de Codependência em Relacionamento Amoroso (ECORA)* [Escala de Codependencia en Relación Amorosa (CRRS)], además de explorar las relaciones con las variables de personalidad (Sexy Seven), apego y satisfacción con la relación. El instrumento fue aplicado a 245 adultos brasileños en relaciones amorosas. Los resultados mostraron la adecuación de los datos a la estructura unifactorial del instrumento. Se encontraron correlaciones negativas de la codependencia con la atractividad sexual y positivas con la ansiedad relacionada con el apego, el involucramiento emocional y la restricción sexual. No se encontraron correlaciones con la satisfacción en la relación amorosa. Además, los hombres presentaron medias superiores en la CRRS en comparación con las mujeres. El instrumento puede utilizarse en futuras investigaciones.

**Palabras clave:** codependencia psicológica, relaciones interpersonales, psicometría, instrumento psicológico, relaciones de pareja.

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### Highlights of Clinical Impact

- Higher codependency in romantic relationships levels are associated with an insecure attachment style;
- Personality characteristics, such as a tendency to be romantic and affectionate, and more sexually restricted, are associated with higher codependency levels;
- The Codependency in Love Relationship Scale presents validity evidence and reliability to be used as an instrument for tracking symptoms or in future research.

The popular Brazilian saying “Those who love, care” exemplifies how people expect caring within their romantic relationship. However, codependency in romantic relationships refers to a dysfunctional relationship pattern (Irwin, 1995) consisting of an excessive focus on controlling, caring for, and pleasing the romantic partner (Beattie, 2017). This condition increases the risk of depression (Spagnol, 2018) and reduces life satisfaction (Happ et al., 2022). For this reason, developing an instrument that aids in screening codependency characteristics in romantic relationships and assessing some beliefs endorsement related to codependency may be useful in both clinical settings and future research. Thus, the present study seeks the construction and validation of a scale measuring codependency in romantic relationships.

### CODEPENDENCY

Codependency was first addressed in the late 1970s in Minnesota’s substance abuse treatment centers due to research into the family members’ relationships with individuals who engage in alcohol abuse (Beattie, 2017). The whole family’s system would adapt to manage the negative effects that they experienced as a consequence of addiction. Hence, codependency is a strategy developed as a learned condition in order to live harmoniously with individuals with addiction (Zielinski et al., 2019).

In previous studies conducted in Ecuador and Portugal, the prevalence of codependency among family members of individuals with addictive disorders ranged from 33.3% to 61.3%

(De Castro Afonso, 2020; Torres, 2018). However, codependency is not limited to those affected by alcohol and/or other substance use disorders (Happ et al., 2022). Individuals with higher codependency characteristics often focus excessively on another person’s life, neglecting their own needs and desires. This dynamic involves a displacement of attention from the self to the other, resulting in emotional investment, caregiving, control, and efforts to please the other person (Beattie, 2017; Fischer & Spann, 1991; Zielinski et al., 2019). Codependency characteristics include withdrawal from self-care, prioritizing other people’s needs, difficulty in setting limits, irrational beliefs, and fear of loss or rejection (Beattie, 2017; Fischer & Spann, 1991).

In the transdiagnostic cognitive behavioral therapy model, psychological disorders are often maintained through common processes, such as selective attention or avoidance behavior (Almeida & Marinho, 2021; Harvey et al., 2004; Rief et al., 2024). Some authors explain codependency as a set of beliefs, automatic thoughts, emotions, and behaviors that result in prioritizing a partner’s needs above one’s own and avoiding conflict at all costs (Beattie, 2017; Fischer & Spann, 1991). This belief system may make individuals rely on romantic relationships as a source of support, security, wholeness, and happiness, causing them to remain in harmful relationships despite significant emotional distress (Maia, 2012). Higher levels of codependency in romantic relationships do not inherently constitute a diagnosis of codependency. Instead, this condition must be thought of as a transdiagnostic construct, in

which certain belief systems contribute to the development or maintenance of various psychological symptoms and conditions, such as interpersonal violence, anxiety, and depression (Carrillo *et al.*, 2020; Pereira, 2017; Valles, 2022). From this perspective, cognitive restructuring, a core technique in cognitive behavioral therapy, is crucial in identifying, evaluating, and correcting cognitive distortions related to codependent schemas (Donovan, 2023; Ezawa & Hollon, 2023). Difficulties asserting boundaries or deriving happiness primarily from a romantic relationship may reflect underlying cognitive distortions commonly observed in codependency; these have been linked to depression, anxiety, poor dyadic adjustment, reduced life satisfaction, somatization, obsessive-compulsive symptoms, self-neglect, and diminished self-esteem (Canli, 2023; Happ *et al.*, 2022; Kaplan, 2023; Lymankina, 2023; Spagnol, 2018).

### **ATTACHMENT, PERSONALITY AND SATISFACTION WITH RELATIONSHIP**

Some characteristics are associated with codependency and may function as risk factors, maintenance mechanisms, or outcome variables. For example, attachment formation begins in childhood through interactions with primary caregivers and later influences romantic relationships in adulthood (Bowlby, 1979; Hazan & Shaver, 2017). These early interactions form internal working models, shaping how individuals perceive the availability and responsiveness of attachment figures. Attachment is typically conceptualized along two dimensions: anxiety (discomfort with dependence and fear of abandonment) and avoidance (preference for autonomy within the relationship; Natividade & Shiramizu, 2015). Prior research has found that individuals with secure attachment tend to exhibit lower levels of codependency. Conversely, codependency is positively associated with attachment-related anxiety and negatively associated with secure attachment (Alpsoy, 2023; Collins, 2023; Tunca *et al.*, 2024). These studies have not found significant associations between codependency and attachment-related avoidance. Therefore, attachment-related anxiety is expected to positively correlate with codependency, with individuals high in codependency exhibiting higher levels of attachment anxiety. Sexuality-related personality traits are another relevant set of characteristics. These are stable dimensions grouped under the “Sexy Seven” model, which includes: Sexual Attractiveness (attraction needed to start a relationship), Emotional Investment (willingness to engage in romantic and affectionate behaviors), Erotophilic Disposition (motivation to have sex), Relationship Exclusivity (tendency to engage in monogamy), Sexual Restriction (level of restriction in sexual practice), Gender Orientation and Sexual Orientation (Natividade & Hutz, 2016; Schmitt & Buss, 2000). There is ongoing debate in literature on whether codependency is considered a personality disorder (Wright & Wright, 1995). As a result, previous studies have tested codependency’s relationship with Eysenck’s personality model (Pereira, 2017),

pathological personality traits (Abdi *et al.*, 2022), the Big Five model of personality (Baptista *et al.*, 2025), and with recognized personality disorders (Hoenigmann-Lion & Whitehead, 2007). These studies have found positive correlations between codependency and Eysenck’s dimensions of neuroticism and psychoticism, borderline and dependent personality traits, and Big Five’s neuroticism. Additionally, researches have pointed out negative correlations between codependency and the Big Five’s agreeableness, conscientiousness, and openness factors. However, no study has tested the correlation between codependency and the Sexy Seven.

Personality can, at least partially, predict relationship outcomes such as relationship satisfaction and stability (Bühler & Scheling, 2025; Kardum *et al.*, 2023). Variation in sexuality is a relevant indicator of individual differences (Buss, 1991) that is also linked to partner selection, sexual behavior, and relationship dynamics (Gonzalez *et al.*, 2017). Therefore, knowing the relationship between these personality traits and codependency in romantic relationships enables us to expand our understanding of characteristics that could explain codependency and gather evidence to determine whether it can be considered a personality disorder.

We have formulated several hypotheses correlating codependency and sexuality dimensions. First, given that codependency is associated with compromised self-esteem (Karapet, 2024) we hypothesized that it should correlate negatively with dimensions that presuppose self-esteem, like Sexual Attractiveness. On the other hand, maintaining romantic relationships at all costs is an important goal for codependents (Beattie, 2017). Therefore, it is possible to infer a positive correlation between codependency and the Emotional Investment, Erotophilic Disposition, and Sexual Restriction dimensions once they are associated with relationship maintenance. In addition, Relationship Exclusivity should associate positively with codependency given that individuals with higher levels may focus exclusively on the recipient of their codependent behavior. In this sense, we predicted that individuals with higher codependency levels would report higher scores on Emotional Investment, Erotophilic Disposition, Sexual Restriction, and Relationship Exclusivity, and lower scores on Sexual Attractiveness. Finally, regarding gender orientation and sexual orientation, although the Sexy Seven theory considers these aspects to be personality traits because they are stable and linked to sexuality, codependency is independent of gender or sexual orientation and were consequently predicted to have no correlation. Relationship satisfaction is a subjective evaluation of the individual’s perspective regarding the positive aspects present in a relationship (Arriaga, 2001). It results from the balance between, on one side, rewards, and on the other side, the costs and expectations (Rusbult, 1980). On one hand, greater codependency can indicate a strong appreciation for romantic relationships, where one partner serves as the focus of care and control. This can lead to higher relationship satisfaction

levels. Conversely, excessive investment in the other person, paired with unreasonable expectations (Zielinski et al., 2019), implies exceedingly high sacrifice, which reduces relationship satisfaction. Although, theoretically, much has been said about the emotional distress of a person with codependency in a romantic relationship (Beattie, 2017), no empirical study seems to have tested the relation between these variables.

## PRESENT STUDY

In a review of the literature on codependency, the authors concluded that there is insufficient scientific evidence to classify it as a disease (Diehl et al., 2017). This lack of empirical study leaves room for a wide range of criticism, including, for example, the notion that codependency may represent the pathologization of a natural tendency to care for others. On the other hand, there are findings that sustain reducing codependent characteristics from family members and significant others to help addiction treatment for people with substance use disorder (Zielinski et al., 2019). With contradictive and highly varied results within studies on codependency, more empirical studies are necessary to investigate factors concerning the risk, maintenance, and outcomes related to codependency in general, more specifically in romantic relationships whereas data is scarce and limited.

Some instruments are available to assess codependency characteristics (Fischer & Spann, 1991; Humberg, 2003; Leon-Armanu, 2023). One might argue that we could have adapted one of these pre-existing instruments to the Brazilian context. Indeed, instruments such as The Holyoake Codependency Index (Dear & Robert, 2000), the Spann-Fischer Codependency Scale (Fischer & Spann, 1991), and the Composite Codependence Scale (Marks et al., 2012) have shared advantages with the scale developed in the present study as they are brief self-report instruments answered on a Likert scale. However, these scales assess codependency without specifying the relationship type, as observed in their items. For instance, some item examples of the cited scales are “I live too much by other people’s standards,” “I always put the needs of my family before my own needs,” “It is hard for me to make decisions,” and “When I do something nice for myself I usually feel guilty” (Fischer & Spann, 1991; Marks et al., 2012). These items illustrate how these scales evaluate traits in various aspects of a person’s life. However, behaviors and emotions experienced in romantic relationships may differ from other relationship sorts. Beyond that, only a few instruments measuring codependency have undergone peer review in Brazil, and psychometric properties are not always presented (Bortolon et al., 2010; Humberg, 2003). Moreover, none of them are specific to measuring codependency in romantic relationships.

Romantic relationships are an extremely important dimension in many individuals’ lives. For instance, relationship satisfaction is positively associated with life satisfaction and

positive affect, while negatively associated with negative affect (Londero-Santos et al., 2021). In addition, marital satisfaction is associated with mental health (Bandeira et al., 2020). CRRS intends to assess codependency specifically in romantic relationships. Codependency affects relationship functioning, people with codependency can often perceive their romantic relationships as problematic (Happ et al., 2022). Moreover, relational disorders and psychopathological symptoms, such as emotional dependence and possession sense, may bring violence to the relationship (Echeburúa & Amor, 2024). In this sense, codependency may influence the victim and the aggressor’s mental health. Thus, it is important to investigate how codependency impacts romantic relationships. However, few studies on codependency outline this type of relationship. For that reason, this scale will provide the possibility of using a peer-reviewed scale for new research on codependency in this relational context.

Given this, the present study has sought both to construct and find validity evidence for the *Escala de Codependência em Relacionamento Amoroso (ECORA)* [Codependency in Romantic Relationships Scale (CRRS)], in addition to looking for relations between codependency and attachment, personality, and relationship satisfaction variables in a Brazilian sample.

## METHOD

### PARTICIPANTS

The sample consisted of 245 Brazilian adults in a romantic relationship, with a mean age of 40.99 years ( $SD=14.16$ ), 65.7% of whom were women. Most of them lived in the Southeast region of the country (91.8%), lived with their partners (70.6%), were married (66.9%), and had completed postgraduate studies (53.5%). In addition, most of the sample consisted of people who identified as heterosexual (89.4%) in a monogamous relationship (96.3%).

### INSTRUMENTS

An online questionnaire was administered containing sociodemographic questions (e.g., age, education, gender, and general questions about the relationship). Furthermore, the questionnaire contained the instruments listed below.

#### Codependency in Romantic Relationships Scale

The *Escala de Codependência em Relacionamento Amoroso (ECORA)* [Codependency in Romantic Relationships Scale CRRS] was developed in this study and measures the participant’s codependency levels in romantic relationships. Participants should indicate how much they agree with each item on a scale from one (Strongly disagree) to six (Strongly agree) points. The score is calculated from the sum of the items, the higher the score, the higher the codependency levels.

### Sexy 7-Brazil

This scale consists of a set of 28 adjectives related to sexual characteristics that measure the seven dimensions of sexuality, namely: Sexual Attractiveness, Emotional Investment, Erotophilic Disposition, Exclusivity in Relationship, Sexual Restriction, Gender Orientation, and Sexual Orientation. These factors had alpha coefficients of .89, .81, .81, .81, .60, .92 and .88 respectively in the original study, and .87, .84, .78, .74, .63, .89 and .79 in the present study. For each adjective on the list, participants assign a score ranging from 1 (it absolutely does not describe me adequately) to 7 (it describes me very well) depending on how well they consider that the item describes them. Examples of items are “affectionate” and “unfaithful” (Natividade & Hutz, 2016).

### Experience in Close Relationship - Reduced (ECR-R-Brazil)

This is a 10-item scale, five of which refer to Attachment-Related Anxiety and five to Attachment-Related Avoidance. Examples of items include “I need a lot of reassurance that I am loved by my partner.” and “Generally, I try to avoid too much affective closeness with my partner.” Participants should answer the items on a scale from 1 (Strongly disagree) to 7 (Strongly agree). The higher the score, the greater the anxiety and avoidance attachment-related levels. This scale had a Cronbach's alpha coefficient of .73 for both dimensions in the original study. In the present study, it had an alpha of .68 for anxiety and .64 for avoidance (Natividade & Shiramizu, 2015).

### Romantic Relationship Satisfaction Scale Revised - ENSRA-R (Londero-Santos et al., 2021)

The scale is composed of five items that are not computed in the score but allow the participant to refer to concrete situations in their relationships. Beyond that, there are five Likert-type items such as: “Our relationship is perfect.” and “I wouldn't change anything about our relationship.” The items are scored from 0 (Strongly disagree) to 8 (Strongly agree). The higher the score on this scale, the more positive the relationship perception and the higher the relationship satisfaction. In the original study, and also in the present study, the scale had a Cronbach's alpha coefficient of .91. (Londero-Santos et al., 2021).

## PROCEDURE

### Scale Development

The instrument development process has followed the guidelines of Borsa & Seize (2023). When translated, we followed the translation guidelines of Beaton et al. (2000) and Borsa et al. (2012). Initially, five people fluent in English independently translated the 16 items of the Spann-Fischer Codependency Scale (Fischer & Spann, 1991), used to measure general codependency. One researcher has compiled the translations, generating a single version. The translated version was then adapted specifically for the context of romantic relationships. For example, the item “It's hard for me to say no” was contextualized for romantic relationships and

adapted to “It's hard for me to say no to my romantic partner.” In addition, the research team formulated 14 new items specific to codependency in relationships. These items were constructed based on the operational definition of the codependency construct. In search of content validity evidence, the Portuguese version was submitted to a judge with a doctoral degree in psychology who specializes in relationships and instrument construction. The judge, in turn, has made minor translation and comprehension adjustments. The final instrument version contained 30 items, five of which were inverted. Finally, in search of additional content-based evidence, the final version of the 30-item instrument was presented to two groups. First, a group of scientists consisting of 15 undergraduate and postgraduate researchers assessed the items in terms of clarity and suggested wording adjustments. Secondly, a clinical care team consisting of six psychology students who have provided psychological care for patients with substance use disorders and behavioral addictions judged the suitability of the items accordingly to the codependency construct. After minor adjustments, the 30-item version was tested.

### Ethics and Data Collection

Data was collected using an online questionnaire. Participants were recruited through a link to the questionnaire posted on social media (e.g., WhatsApp, Instagram). Participants were informed that their participation was anonymous and voluntary and that they could stop answering at any time without any harm. All participants consented to the Free and Informed Consent Form on the first page of the questionnaire. This research was approved by the *Universidade Católica de Petrópolis* Ethics Committee (CAAE number 63659822.0.0000.5281).

## ANALYSES

Initially, 396 participants answered the questionnaire. We excluded responses from participants who did not meet the sample inclusion criteria: 1) be in a romantic relationship, 2) 18 years old or older and 3) Brazilian literate. Participants who incorrectly marked three control items, which were included in the scales to ensure that participants were aware of their answers, were also excluded. Thus, 151 participants were excluded, resulting in 245 participants. The KMO and Bartlett's sphericity tests were used to check whether the data could be factored in. The results have indicated data adequacy, with KMO = .87 and Bartlett's test of sphericity:  $\chi^2(45, N = 245) = 650.6; p < .001$  (Damásio, 2012). Next, we carried out an exploratory factor analysis (EFA) on the CRRS using the parallel analysis extraction method, the *Robust Diagonally Weighted Least Squares* (RDWLS) estimator. In addition, we calculated Cronbach's alpha and McDonald's omega.

We excluded items with a factor loading of less than 0.4, totaling 12 items removed. We then excluded eight items based on a semantic evaluation in which we removed items with redundant content. The scale's final version is composed

of 10 items, three of which are Spann-Fischer codependency scale items adaptations (Fischer & Spann, 1991), and seven of which have emerged in this study. Then, we carried out Pearson’s correlation analysis between CRRS and personality variables (Sexy-7), attachment, relationship satisfaction, and other sociodemographic variables.

In addition, we calculated the participants’ Z scores for codependency to check for mean differences between groups with high and low codependency. We classified participants with a +1 standard deviation in the high codependency group and participants with a -1 standard deviation in the low codependency group. We conducted tests between the two groups to look into mean differences in sexuality-related seven personality factors, attachment dimensions, and relationship satisfaction. Finally, we tested gender differences in codependency. For all mean differences analyses, normality and Levene’s test were conducted. When normality was violated, Mann-Whitney was used. When the homogeneity variances assumption was violated, the Welch test was used instead of the Student *t*-test. Effect sizes were calculated for all mean differences. Cohen’s *d* was used when the Student *t*-test and Welch test were executed. A biserial order correlation was used when the Mann-Whitney test was carried out.

We also performed a sensitivity analysis to determine the smallest detectable effect with the given sample size. It was verified that given N = 245, power of 80%, and α = 0.05, the smallest detectable effect was r = 0.10 for correlation and d = 0.57

for the *t*-test. The analyses were carried out using SPSS (Version 26, 2019; IBM Corp, 2019), Jamovi (Version 2.3; The jamovi project, 2023), Factor (Version 12.02; Lorenzo-Seva & Ferrando, 2022), and G\* Power (Version 3.1; Faul et al., 2009) software.

## RESULTS

We conducted an EFA using the CRRS items to assess validity evidence based on the internal structure. A single factor was retained, which explained 36.5% of data variance. The item’s factor loadings and communalities, as well as the mean and standard deviation observed for the participants in this study (see Table 1). Cronbach’s alpha (.82) and McDonald’s omega (.83) were used to calculate the scale’s reliability.

To look for validity evidence based on relations with other variables, we conducted correlation analyses between codependency in romantic relationships, sexuality-related personality characteristics, attachment dimensions, relationship satisfaction, perception of how committed the current relationship is, age, current relationship duration, and the longest relationship duration (see Table 2). The weak and moderate positive correlations between codependency and variables such as attachment anxiety, gender orientation, emotional investment, sexual restriction, sexual attractiveness, committed relationship, current relationship duration, and the longest relationship duration stand out, as does the negative correlation between codependency and sexual attractiveness (Cohen, 1992).

**Table 1.** Factor loadings, Commonalities, Means, and Standard Deviation of Items on the Codependency Scale in Romantic Relationships - Brazil

	Factor 1	h <sup>2</sup>	Means (SD)
<i>Tudo o que faço é pensando no bem-estar do(a) meu(minha) parceiro(a) amoroso(a).</i> [Everything I do is thinking about the well-being of my partner.]	.71	.30	2.68 (1.73)
<i>A minha felicidade depende totalmente da felicidade do(a) meu(minha) parceiro(a) amoroso(a).</i> [My happiness totally depends on the happiness of my partner.]	.73	.19	4.20 (1.52)
<i>Eu paro tudo que eu estiver fazendo para ajudar meu(minha) parceiro(a) amoroso(a), se ele(a) me pede algo.</i> [I stop everything I am doing to help my partner if they ask me for something.]	.64	.32	2.85 (1.52)
<i>Eu frequentemente coloco as necessidades do(a) meu(minha) parceiro(a) amoroso(a) acima das minhas.</i> [I often put my partner’s needs above my own.]	.63	.19	4.84 (1.22)
<i>É difícil para mim dizer "não" a(o) meu(minha) parceiro(a) amoroso(a).</i> [It’s hard for me to say "no" to my partner.]	.60	.40	2.65(1.65)
<i>A opinião do(a) meu(minha) parceiro(a) amoroso(a) sobre mim é muito importante.</i> [My partner’s opinion about me is very important.]	.53	.32	3.60(1.53)
<i>Eu não conseguiria viver sem meu(minha) parceiro(a) amoroso(a).</i> [I couldn’t live without my partner.]	.51	.23	3.08(1.54)
<i>Eu sempre me coloco em primeiro lugar no meu relacionamento amoroso.</i> [I always put myself first in my romantic relationship.]*	-.49	.41	3.27 (1.65)
<i>Geralmente, eu faço o que posso para evitar conflitos com meu(minha) parceiro(a) amoroso(a).</i> [Generally, I do what I can to avoid conflicts with my partner.]	.47	.19	3.39 (1.49)
<i>Eu não deixo as vontades do meu(minha) parceiro(a) amoroso(a) se sobressaírem sobre as minhas próprias vontades.</i> [I do not let the desires of my partner take precedence over my own desires.] *	-.40	.26	2.68 (1.73)

Note. \*Inverted items.  
h<sup>2</sup>= communalities; SD= Standard deviation.

Furthermore, we conducted Student, Mann-Whitney, and Welch's t-tests to examine mean differences in relationship satisfaction, two attachment factors, and seven sexuality-related personality factors between the high and low codependency groups, as well as between men and women in codependency

levels (see Table 3). The outcomes have indicated higher mean scores for the more codependent group on emotional investment, gender orientation, sexual restriction, and attachment-related anxiety. Moreover, men scored higher codependency levels than women.

**Table 2.** Pearson Correlations between Codependency, Attachment, Personality, Relationship Satisfaction, and Sociodemographics

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Codependency	—													
2. Relationship Satisfaction	.12	—												
3. Anxiety	.25**	-.32**	—											
4. Avoidance	-.01	-.34**	-.00	—										
5. Gender Orientation	.38**	.11	-.08	.12	—									
6. Sexual Attractiveness	-.17*	.04	.16*	-.11	-.17*	—								
7. Emotional Investment	.24**	.28**	.11	-.37**	-.03	.24**	—							
8. Erotophilic Disposition	.09	-.02	.28**	.05	.26**	.29**	.04	—						
9. Sexual Orientation	-.02	.03	-.20*	.13	.09	.05	-.14*	-.11	—					
10. Relationship Exclusivity	.10	.23**	-.11	-.18*	.02	-.14*	.13*	-.30**	.16*	—				
11. Sexual Restriction	.23**	.19*	.01	.04	.09	-.11	.03	-.13	.19*	.20*	—			
12. Age	.11	.06	-.19*	.03	.25**	-.04	-.05	-.10	.22**	-.04	.09	—		
13. Commitment	.15*	.33**	-.08	-.35**	-.00	-.00	.18**	-.01	.02	.16*	.06	-.17*	—	
14. Relationship duration	.26**	.14*	-.09	-.08	.16*	-.10	-.01	-.16*	.23**	.07	.18*	.68**	.10	—
15. Longest relationship duration	.15*	.24**	-.12	-.05	.20*	-.06	-.01	-.10	.24**	.04	.16*	.78**	.00	.79**

Note. \*p < .05; \*\*p < .001

**Table 3.** Differences in Personality, Attachment, and Relationship Satisfaction between High and Low Codependency

		<i>M</i>	<i>SD</i>	<i>p</i>	<i>Effect size</i>	<i>(df) = t value</i>
<b>Gender Orientation*</b>	Low codependency	2.55	1.41	<.001	-1.46	(70.7)= -6.48
	High codependency	5.06	1.97			
<b>Sexual Attractiveness</b>	Low codependency	4.72	1.35	.033	.49	(76)= 2.17
	High codependency	4.04	1.38			
<b>Emotional Investment °</b>	Low codependency	5.44	1.27	<.001	.43	433
	High codependency	6.34	.81			
<b>Erotophilic Disposition °</b>	Low codependency	1.72	0.93	0.11	0.21	602
	High codependency	2.29	1.43			
<b>Sexual Orientation °</b>	Low codependency	6.32	1.44	.84	.02	744
	High codependency	6.21	1.62			

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		<i>M</i>	<i>SD</i>	<i>p</i>	<i>Effect size</i>	<i>(df) = t value</i>
<b>Relationship Exclusivity °</b>	Low codependency	6.51	0.88	.48	.08	699
	High codependency	6.68	0.60			
<b>Sexual Restriction</b>	Low codependency	2.01	1.06	.015	-.56	(76)= -2.50
	High codependency	2.61	1.08			
<b>Relationship Satisfaction °</b>	Low codependency (N=40)	5.60	1.89	.08	.22	639
	High codependency (N=41)	6.12	1.98			
<b>Anxiety - Attachment</b>	Low codependency (N=37)	2.73	1.18	.001	-.77	(75)= -3.39
	High codependency (N=40)	3.81	1.58			
<b>Avoidance - Attachment °</b>	Low codependency (N=37)	2.03	1.02	.09	.22	574
	High codependency (N=40)	1.63	0.72			
<b>Codependency</b>	Men (N=84)	4.02	0.77	<.001	1.06	(79)= -34.9
	Women (N=161)	3.14	0.86			

Note. To calculate the effect size, Cohen's d was used. \*The homogeneity of variance assumption was violated, Mann-Whitney test was conducted, and Cohen's d was used; non-normal distribution, Welch test was conducted and biserial order correlation was used.

When not indicated, Low codependency: N=38, High Codependency: N=40.

M= Means; SD= Standard Deviation; df= degrees of freedom

## DISCUSSION

This study sought to construct and provide validity evidence for a codependency scale in romantic relationships. The CRRS has presented satisfactory validity evidence based on internal consistency, content, and relationship with other variables, as well as adequate reliability indexes. EFA has shown that the data was suitable for a single factor structure, and the instrument had an alpha coefficient of 0.82. CRRS is potentially an appropriate instrument for screening codependency symptoms in romantic relationships and fostering future research.

Previous studies have shown, for example, how codependency is positively related to perfectionism traits, seeking social approval, emotional abuse, neglect, self-responsibility, and controlling behaviors (Karaşar, 2020; Kaya et al., 2024; Patias et al., 2022). These variables may cause, maintain, or be consequences of codependency beliefs. This study has expanded the variables that health professionals should investigate in a complete codependency assessment, such as sexuality-related personality characteristics and attachment. It should also be noted that relationship satisfaction is not an element to be investigated, once the lack of correlation between these variables indicates how individuals with high codependency in relationships may or may not be satisfied with their relationships.

Concerning Sexy Seven, we found positive relations between codependency and emotional investment, gender orientation, and sexual restriction. Similarly, the higher mean scores for these traits belonged to the high codependency group. These traits may precede codependency, i.e., individuals with a

greater willingness to invest in a romantic relationship, assume the typical characteristics of their gender role (e.g., man as provider, woman as caregiver; Pinho, 2005), and will tend to have higher codependency levels.

Additionally, codependency was negatively related to sexual attractiveness. In the same way, the high codependency group had a significantly lower mean score in this trait. Low sexual attractiveness seems to reflect the low self-esteem found in people with codependency (Karapet, 2024; Lymankina, 2023). Thus, the unfavorable evaluation of oneself and the conceived low self-value are aspects in line with the perception of not being an attractive and seductive person. As for sexual orientation, erotophilic disposition, and relationship exclusivity factors, there were no significant correlations with codependency or significant mean differences between high and low codependency groups. Hence, codependency is independent of sexual orientation, the monogamy of a relationship, and the motivation to have sex. Health professionals should take these factors into consideration when assessing codependency. As noted, personality characteristics may provide additional data for the codependency assessment. For example, the absence of a significant relationship with sexual orientation, along with a significant relationship with gender orientation, may indicate how cultural and/or biological factors that permeate within the individual may favor codependency. Romantic partner characteristics do not seem to be relevant to the establishment of such beliefs and behaviors. Future studies should examine this in more detail.

Codependency concerns a pattern of caring while making oneself necessary for the other person's life (Beattie, 2017; Patias et al., 2022). This reflects attachment-related

anxiety characteristics, i.e., comfort with dependence and fear of abandonment. Regarding the attachment dimensions, we found that attachment-related anxiety correlated with codependency, and the high codependency group presented higher anxiety means for this trait. Conversely, there was no relation between codependency and avoidance, and the low codependency group showed higher avoidance mean scores in this factor. These relations validate the use of CRRS based on the observed relationships with other variables, thus aligning with the literature (Alpsoy, 2023; Collins, 2023; Tunca *et al.*, 2024).

Moreover, romantic relationship satisfaction was not significantly correlated with codependency, and mean differences between the high and the low codependency groups did not emerge. The literature on codependency claims that individuals spend excessive energy on the relationship to care for and control it, alienating themselves from their own needs (Beattie, 2017). The damage and suffering may be found more within the individual well-being rather than at the relationship level. This idea aligns with findings from former studies which have found negative relations between codependency and life satisfaction, as well as codependency as a negative predictor of well-being (Happ *et al.*, 2022; Tekin & Ançel, 2023). Although previous studies found codependency associated with negative dyadic coping strategies (Happ *et al.*, 2022), there is a lack of empirical evidence of the clear codependency damage to romantic relationships, including constructs such as relationship quality.

Hence, one may deem the condition of codependency as a harmful attribute, since greater codependency can be detrimental to individual well-being (Happ *et al.*, 2022; Tekin & Ançel, 2023). Prioritizing the well-being and needs of your romantic partner, fully helping them, and having your happiness depend on them may be distressing for the individual who will have to give up certain desires. However, these qualities may be desirable for the satisfaction and maintenance of a loving relationship (Andrade & Garcia, 2014; Sim *et al.*, 2019; Vedes *et al.*, 2016). Similarly, the movement of positive psychology questions what kind of society we are building if we are constantly only prioritizing ourselves. In this sense, building pro-social relationships and actions aimed at common well-being, instead of solely personal development, is essential (Reppold *et al.*, 2019). Therefore, it is necessary to reach a balance of codependency behaviors and thoughts that transforming the idea of “needing something” into “desiring something” in romantic relationships. In line with this view, it is important to emphasize the individuality of each intervention.

Potentializing a positive construct may generate harm (Oliveira *et al.*, 2023). Similarly, codependency, if mitigated, may generate damage. In other words, for some people, it will be desirable to reduce codependency levels, while, for others, it will be desirable to increase them. Hence, future studies or individuals seeking to intervene on codependency levels should consider the desired intervention effect to know whether the

best outcome for them would be the increase or decrease of the codependency construct.

In addition, men scored higher on codependency means than women. There is no consensus in the literature about this gender difference. A study from Portugal has previously found this higher result in men (Pereira, 2017), while a study conducted in Brazil, despite the low number of men in the sample, found no gender differences in the codependency beliefs endorsement (Bortolon *et al.*, 2010). Women are vulnerable to codependency, and, in some cases, this may augment the risk of experiencing physical, sexual, and psychological violence in silence, risking their health or even their lives (Figueiredo, 2022). Although many studies address the issue of women's codependency in a crucial way (Carrillo Ardila *et al.*, 2024; Lymankina, 2023; Kolenova *et al.*, 2024; Meira *et al.*, 2020), it is important not to silence the codependency in men which may lead to violence in the relationship due to excessive care and control. It is possible that sample characteristics, such as a high mean of the current relationship duration, high levels of commitment in the relationship, and participants around middle age, may explain the results found in this study. For example, middle aged women are more likely to have learned how to deal with their codependent issues in therapy, unlike men, who are more resistant to engaging in psychotherapeutic treatments (Neto & Kristensen, 2022).

Finally, it is important to point out this study's limitations, in which many of the correlations brought to light were not high, and the effect sizes were not large. There is some criticism regarding the continuous variable's dichotomization, as it can lead to statistical power loss and inaccurate effect size (Nuzzo, 2019). However, we found significant differences in the high and the low codependency groups in the same dimensions in which we found significant correlations, and we calculated these correlations with continuous variables. This suggests that regarding significance, group difference results from this study may be interpreted with greater reliability, but effect sizes may be inappropriate. In addition, Cronbach's alphas of the ECR-R scales and the Sexy Seven Sexual Restriction factor were less than .70, and the correlational study nature hinders the possibility of affirming causality and directionality in these findings, despite the theoretical justifications and previous studies that support the explanations given to the results found.

It should be emphasized that caution is needed when interpreting the results. For instance, means and standard deviations were provided for the present sample but may be biased due to the sample composition of mostly married adults with a high education level and from the southeastern region of Brazil. Despite the advantage of the sample being different from most studies centered on university samples, these participants are not representative of the Brazilian population, strategic foresight invites the use of CRRS with more representative samples. Moreover, the sample size was not large. The sensitivity analysis indicated that, with the present sample size,

it was possible to detect effects from  $d = 0.57$  and correlations from  $r = 0.10$ . Therefore, effects and correlations smaller than these values may have gone unnoticed due to power limitations. Additionally, a reduced sample size may especially bias the EFA results (Pasquali, 2005). Hence, we encourage confirmatory factor analyses with larger samples.

Also, we carried out data collection and analysis individually, not dyadically, making it impossible to know the direct effect of these codependency characteristics on the romantic partner. We suggest that future studies use CRRS to map the codependency profile of a couple, as well as explore relations with, for instance, obsessive-compulsive disorder and generalized anxiety disorder, ideally in clinical samples to establish a codependency differential diagnosis and processes. Additionally, they may also use CRRS to improve the codependency damage investigation, such as relationship satisfaction for a codependent person's romantic partner.

Previous studies have aimed at investigating codependency in family members of people who experience substance abuse, and codependency specifically in women (Bortolon, 2010). This study focused solely on romantic relationships to verify individual characteristics related to codependency and the relational variables. The present study presents unprecedented correlations between codependency and the sexy seven personality factors. Furthermore, it provides data on codependency in relationships for highly educated Brazilian adults. Although this is a sample limitation, it is interesting to have results on codependency in samples of non-university students. Furthermore, this study provided a codependency instrument specifically for the context of romantic relationships. Future studies may use CRRS to assess codependency in relationships, especially for screening the symptoms level.

Psychological assessment may be valuable in some processes that regard marital life, such as parental alienation and adoption assessment (Alves, 2022; Cardoso, 2020). Clinicians can use CRRS as a complement when conducting these psychological assessments, individually or answered by each member of the couple. However, the scale can assess codependency in romantic relationship contributing to identify codependency-related outcomes such as marital violence (Paim & Falcke, 2016), mental disorders (Mashhadi et al., 2022; Moreli et al., 2021) and well-being (Chen et al., 2020), and supporting clinical interventions (Abidogun, 2023; Raymundo & Almeida, 2023). Finally, in the research context, researchers may use CRRS to advance scientific knowledge and promote well-being in romantic relationships.

## CONCLUSIONS

This study has provided the *The Escala de Codependência em Relacionamento Amoroso (ECORA)* [Codependency in Romantic Relationships Scale CRRS] and

reliability evidence. This instrument is available for tracking symptoms and can be used in future research. Furthermore, this investigation explored the relationships among sexuality, attachment, relationship satisfaction, and codependency in romantic relationships, contributing to a deeper understanding of this dysfunctional pattern in such relationships.

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