

Developing a Model of Codependency Based on Addictive Behaviors Among Women in Families Affected by Addiction

Fatemeh. Masoudinia¹, Hossein. Davoudi^{1*}, Fariba. Arjmandi^{2, 3}

¹ Department of Counseling, Khom.C., Islamic Azad University, Khomein, Iran

² Department of Medicine, Na.C., Islamic Azad University, Najafabad, Iran

³ Clinical Research Development Center, Na.C., Islamic Azad University, Najafabad, Iran

* Corresponding author email address: Ho.Davudi@iau.ac.ir

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ABSTRACT

Objective: This study aimed to develop and explain a comprehensive model of codependency based on addictive behaviors among women in families affected by addiction and to identify its principal antecedents, contextual and intervening factors, coping strategies, and psychological and interpersonal consequences.

Methods and Materials: This applied qualitative study employed qualitative content analysis. Participants were experts in psychology, counseling, psychiatry, addiction, and related clinical fields who were selected through purposive sampling until theoretical saturation was achieved. Data were collected using semi-structured interviews lasting approximately 30–40 minutes. The interview transcripts were repeatedly reviewed and analyzed through open, axial, and selective coding using constant comparison. Credibility, transferability, dependability, and confirmability criteria were used to establish the trustworthiness of the qualitative findings.

Findings: Qualitative analysis identified codependency based on addictive behaviors as a multidimensional, interactive, and cyclical phenomenon. Causal conditions included low self-esteem, negative self-concept, emotional dependency, insecure attachment, dysfunctional beliefs regarding responsibility and self-sacrifice, and adverse developmental experiences. The central phenomenon was characterized by excessive emotional dependency, pathological focus on the person exhibiting addictive behaviors, controlling behaviors, excessive rescuing, self-neglect, and tolerance of emotional harm. Contextual conditions comprised cultural, familial, and economic factors, whereas psychological, therapeutic, and social-support factors functioned as intervening conditions. Coping responses ranged from maladaptive control, monitoring, emotional suppression, and conflict avoidance to adaptive boundary setting, self-care, treatment seeking, and identity reconstruction. Major consequences included depression, chronic anxiety, psychological exhaustion, reduced self-esteem and differentiation of self, disturbed emotional intimacy, marital conflict, impaired trust, and reproduction of the codependency cycle.

Conclusion: Codependency among women in families affected by addiction is best understood as a complex process produced by interactions among individual vulnerabilities, family dynamics, sociocultural pressures, and available psychological and social resources.

Keywords: Codependency; Addictive behaviors; Women; Families affected by addiction; Qualitative content analysis; Psychological intervention.

1. Introduction

Addiction is a multidimensional biopsychosocial phenomenon whose consequences extend beyond the individual exhibiting substance-related or behavioral addictive patterns to the broader family system. Although treatment programs have traditionally concentrated on reducing addictive behavior, preventing relapse, and improving the functioning of the individual with addiction, the psychological burden carried by family members may remain insufficiently addressed. Living in a family affected by addiction frequently exposes relatives to unpredictability, chronic interpersonal stress, financial instability, conflict, role disruption, secrecy, and repeated cycles of hope and disappointment. These conditions can gradually reorganize family relationships around the addictive behavior, with other family members assuming compensatory roles intended to preserve family functioning or reduce immediate crises. Women may be especially vulnerable in contexts where caregiving, emotional regulation, family preservation, and responsibility for relational stability are disproportionately assigned to them. Such circumstances can foster self-neglect, excessive responsibility, emotional dependence, and persistent attempts to regulate or control another person's behavior. Broader evidence concerning addictive processes demonstrates that addiction is associated with profound emotional, behavioral, and neuropsychological dysregulation, indicating that its interpersonal consequences cannot be understood solely in terms of substance consumption itself (Mazzeo et al., 2023; McNair et al., 2023). Furthermore, social exclusion and adverse relational circumstances may increase women's vulnerability to substance-related difficulties and intensify the psychosocial burden surrounding addiction within families (Talebpour, 2023). Understanding the family-level consequences of addiction therefore requires attention not only to the individual with addiction but also to the patterns through which other family members adapt to, accommodate, or become psychologically organized around addictive behaviors.

One concept that is particularly important for explaining such maladaptive relational adaptation is codependency. Codependency generally refers to a persistent relational pattern characterized by excessive psychological investment in another person, neglect of one's own needs, difficulty establishing healthy interpersonal boundaries, an exaggerated sense of responsibility for another person's

emotions or behavior, and reliance on relational approval for self-worth. Within families affected by addiction, codependent patterns may emerge when one family member attempts repeatedly to protect, rescue, monitor, excuse, or regulate the individual exhibiting addictive behaviors. Although these actions may initially be motivated by care, loyalty, or a desire to protect the family, they can gradually become rigid and dysfunctional. The woman's emotional state may become contingent on the condition of the family member with addiction, while her identity, decisions, and daily activities increasingly revolve around preventing crises and maintaining the relationship. In this process, self-care and autonomy may be displaced by vigilance, control, accommodation, and excessive sacrifice. Contemporary mental health perspectives increasingly emphasize the importance of balanced relationships, self-care, meaningful social connection, and sustainable lifestyle practices for psychological well-being, principles that stand in contrast to the chronic self-neglect often observed in codependent relationships (Verywell Mind, 2025). At the same time, research on relational functioning shows that communication, responsiveness, emotional understanding, and appropriately defined therapeutic or interpersonal goals are fundamental to healthy interaction (Karnieli-Miller et al., 2023). When such qualities are replaced by fear-driven monitoring, compulsive caregiving, and emotional overinvolvement, intimate relationships may lose their reciprocal character and become organized around the management of addiction.

Emotion regulation constitutes a central mechanism through which addictive behavior and codependent relational patterns may become mutually reinforcing. Individuals living in addiction-affected families frequently face repeated stressors that evoke anxiety, anger, guilt, shame, helplessness, and fear of abandonment. If these emotions cannot be identified, tolerated, and regulated effectively, family members may rely on maladaptive responses such as emotional suppression, avoidance, controlling behavior, excessive caretaking, or compulsive attempts to restore relational security. Evidence consistently demonstrates that emotion dysregulation is strongly implicated in substance use disorders and varies systematically across levels of substance use (Garke et al., 2021; Stellem et al., 2022, 2023). Emotional dysregulation may also compromise autonomy because decision-making becomes increasingly driven by the urgent need to escape or regulate distress rather than by stable personal values and

long-term goals (Henden, 2023). Related research on adolescent substance use further indicates that emotion- and reward-related processes are important predictors of subsequent addictive behavior, underscoring the importance of affective mechanisms within addiction trajectories (Chaplin et al., 2023). Stress-related psychobiological responses have likewise been associated with substance-use patterns, demonstrating that chronic stress and addiction may be linked through multiple levels of functioning (Rahal et al., 2023). Consequently, women exposed to addiction-related family stress may not merely experience distress as passive observers; rather, their attempts to regulate that distress through control, rescuing, denial, or self-sacrifice may become central components of codependency.

Difficulties in recognizing and processing internal emotional states may further intensify this process. Research on alexithymia and interoceptive functioning has shown that limited awareness and interpretation of emotional states are associated with altered emotional processing and difficulties in adaptive regulation (Butera et al., 2023). Similarly, relationships among alexithymia, impulsivity, emotional functioning, and behavioral dyscontrol suggest that deficits in emotional awareness can influence maladaptive behavioral patterns across different psychological conditions (Del Bianco et al., 2023). These findings are relevant to codependency because women who have difficulty identifying and expressing their own emotional needs may focus disproportionately on the emotions and behavior of the family member with addiction. Emotional suppression can then coexist with chronic anxiety, resentment, guilt, and interpersonal hypervigilance. Over time, unresolved affect may undermine both personal well-being and relational functioning. Evidence from cognitive-behavioral interventions also indicates that changes in emotion regulation skills and maladaptive beliefs can mediate improvements in depression and anxiety (Enrique et al., 2021), while technology-assisted cognitive-behavioral interventions have demonstrated the feasibility of modifying clinically significant emotional and behavioral patterns through structured psychological treatment (Fitzsimmons-Craft et al., 2023; Mason et al., 2023). Cognitive-behavioral counseling has similarly been used to reduce maladaptive self-regulatory behaviors in other domains (Sundah, 2022). Collectively, these findings support conceptualizing codependency not as an immutable personality trait but as a pattern involving modifiable emotional, cognitive, and behavioral processes.

Differentiation of self is another particularly relevant construct in understanding codependency. Rooted in family systems theory, differentiation of self refers to the capacity to maintain a clear sense of personal identity while remaining emotionally connected to significant others. A differentiated person can distinguish thoughts from feelings, preserve personal values under interpersonal pressure, and sustain intimacy without emotional fusion or excessive distancing. Low differentiation, by contrast, is characterized by emotional reactivity, fusion, dependence on approval, difficulty maintaining psychological boundaries, and decision-making strongly influenced by the perceived expectations of others. Research has demonstrated meaningful associations between differentiation of self and marital satisfaction, family functioning, and parenting processes (Alonso et al., 2022). In Iranian populations, differentiation from the family of origin has been found to predict communication patterns and marital satisfaction across ethnic groups (Aryaei Azar et al., 2021), while differentiation of self has also been associated with couples' happiness and relational satisfaction (Jafari Soltanabadi et al., 2021). Studies have further linked differentiation to sexual satisfaction and general health among married women (Farhangi et al., 2022), sexual functioning and psychological distress (Zare & Varaei, 2021), and sexual satisfaction within couple relationships (Mamsalehi & Moradi, 2020). These findings indicate that differentiation is not merely an abstract intrapsychic construct but a central dimension of psychological and relational functioning.

The relevance of differentiation becomes even more pronounced in families affected by addiction. When a woman becomes emotionally fused with the person exhibiting addictive behavior, the boundaries between her own responsibilities and those of the other person may gradually become blurred. She may experience the other person's relapse, distress, or behavioral instability as a direct reflection of her own adequacy and may consequently engage in excessive monitoring, rescuing, self-blame, or control. In this context, codependency can be conceptualized as a relational manifestation of impaired differentiation. Empirical evidence directly supports this connection: differentiation of self has been identified as a mediator in the relationship between codependency and emotional abuse among married women (Hamidi et al., 2021). Moreover, meaning in life, forgiveness, and differentiation have been shown to contribute to marital satisfaction, suggesting that psychological autonomy must coexist with adaptive interpersonal processes for healthy relationships to develop.

(Kazemian Moghaddam et al., 2021). Evidence from therapeutic research indicates that differentiation can be strengthened through structured psychological interventions, including schema-based and acceptance-oriented approaches (Abouei Mehrizi et al., 2021). These findings have important implications for women living with addiction in the family because interventions addressing codependency may need to focus not only on stopping excessive caregiving behavior but also on rebuilding psychological boundaries, independent decision-making, emotional autonomy, and a coherent personal identity.

Self-esteem represents another key psychological component that may contribute to both the development and persistence of codependent behavior. Individuals with stable self-esteem possess a relatively consistent sense of personal worth that is not entirely dependent on the approval, behavior, or emotional state of others. In contrast, women whose self-worth depends strongly on their ability to maintain the family, prevent a partner's relapse, or successfully rescue a relative with addiction may become particularly vulnerable to guilt, shame, self-blame, and perceived failure. Longitudinal evidence indicates that family environment plays an important role in the development of self-esteem across formative periods (Krauss et al., 2020), suggesting that relational environments can have enduring effects on self-evaluation. Lifestyle and health-related behaviors have also been associated with self-esteem (Zarrinkafsh & Alizadeh, 2020), while structured psychological or educational interventions may contribute to increases in self-esteem and resilience (Hosseini & Karimi, 2023; Sadeghi & Abbasi, 2024). Mindfulness-related research further suggests that self-connection may mediate improvements in psychological well-being (Klussman et al., 2020). Such evidence is particularly relevant to codependency because women who remain chronically oriented toward another person's needs may lose contact with their own preferences, emotional states, goals, and sense of personal competence. Strengthening self-esteem, self-awareness, and self-connection may therefore represent important pathways through which codependent relational patterns can be reduced.

Family relationships affected by codependency may also be characterized by disturbances in emotional intimacy. Healthy intimacy requires mutuality, emotional safety, responsiveness, appropriate disclosure, respect for boundaries, and the capacity to remain psychologically connected without sacrificing autonomy. In addiction-affected families, however, emotional communication may

become dominated by secrecy, monitoring, accusations, crisis management, and fear of relapse. A woman may appear intensely involved in the relationship while simultaneously experiencing profound emotional loneliness because interactions revolve around the family member's addictive behavior rather than reciprocal emotional needs. Strength-based counseling research suggests that relational difficulties can be modified by improving self-compassion and adaptive interpersonal resources (Movahedrad et al., 2023). Social support is likewise associated with positive health behavior through mechanisms involving self-efficacy and autonomous motivation (Han & Won, 2022), highlighting the importance of supportive relationships that promote rather than undermine personal agency. Reflective functioning within close relationships also contributes to the capacity to understand mental states and respond sensitively to others (Lee et al., 2020). In contrast, codependent relationships can transform empathy into hyperresponsibility and care into control. This distinction is critical because the therapeutic objective should not be emotional detachment from a family member experiencing addiction, but rather the development of reciprocal, bounded, and psychologically sustainable forms of connection.

Interpersonal forgiveness represents another complex dimension of codependency. Forgiveness can contribute to relationship repair when it involves a genuine reduction in hostility and occurs alongside accountability, safety, and appropriate boundaries. However, in families affected by addiction, forgiveness may become dysfunctional when women repeatedly excuse harmful behavior without meaningful change, suppress anger to preserve the relationship, or interpret endurance as an unconditional obligation. Such patterns may maintain a cycle in which psychological injuries are repeatedly reproduced. Research linking forgiveness with differentiation and marital satisfaction indicates that forgiveness functions most adaptively when embedded within broader psychological maturity and relational balance (Kazemian Moghaddam et al., 2021). At the same time, cultural and family expectations may complicate women's responses to relational harm by encouraging sacrifice, tolerance, and preservation of the family even under psychologically damaging circumstances. Studies focusing on the reduction of tendencies toward substance use have emphasized the relevance of social, familial, and contextual influences rather than viewing addiction purely as an individual phenomenon (Heidari Sarban & Saeb, 2021). Consequently, understanding

interpersonal forgiveness within codependency requires distinguishing healthy forgiveness from compelled reconciliation, denial of harm, and passive tolerance of destructive relational patterns.

The cognitive foundations of codependency are equally important. Women may hold maladaptive beliefs such as “I am responsible for keeping this person well,” “If I set boundaries, I am abandoning my family,” “Love requires unlimited sacrifice,” or “If I do not control the situation, something terrible will happen.” Such beliefs can foster chronic guilt, self-sacrifice, helplessness, and excessive responsibility, making it difficult to disengage from maladaptive relational roles. Schema-oriented research is particularly relevant in this regard. Psychological interventions targeting early maladaptive schemas have demonstrated beneficial effects on anxiety and depression among individuals with substance use disorders (Mohagheghi & Khaghani, 2021). This suggests that entrenched cognitive-emotional patterns may be therapeutically modifiable even in addiction-related contexts. Likewise, adaptive psychological functioning can be strengthened through approaches that increase resilience, emotion regulation, and more flexible cognition. Virtual and embodiment-based approaches have been explored as methods for buffering negative emotional experiences (Sansoni et al., 2022), while cognitive-behavioral and other structured interventions across clinical populations demonstrate the broader value of modifying maladaptive thought-emotion-behavior cycles. In codependency, cognitive restructuring may therefore need to address distorted beliefs about responsibility, love, control, abandonment, and self-sacrifice alongside behavioral boundary setting.

The increasing recognition of behavioral addictions also broadens the conceptual importance of codependency. Addictive patterns are no longer restricted conceptually to alcohol or illicit substances; dysregulated engagement with digital media and other repetitive reward-seeking behaviors has become an important psychological concern. Research has demonstrated, for example, that multiscreen addiction may mediate the relationship between self-control and procrastination among adolescents (Gökalp et al., 2023). Such findings illustrate how impaired self-regulation, compulsive engagement, and reinforcement processes can operate across behavioral domains. More generally, psychological treatment research indicates that maladaptive behaviors are frequently maintained by interactions among emotional dysregulation, cognitive beliefs, avoidance, and

reinforcement. The same logic can be extended to codependent relational behavior: repeated monitoring, rescuing, reassurance seeking, conflict avoidance, or self-sacrifice may provide short-term reductions in anxiety while strengthening the longer-term cycle of dependency. This perspective positions codependency as a dynamic behavioral and relational process rather than merely a descriptive label.

Despite growing evidence concerning addiction, differentiation of self, self-esteem, emotion regulation, intimacy, forgiveness, and family functioning, these domains have often been examined separately. Existing research provides substantial evidence regarding psychological vulnerabilities associated with addictive behavior, including emotion dysregulation, stress reactivity, and reduced autonomy (Henden, 2023; Rahal et al., 2023), and other studies demonstrate the importance of differentiation, self-esteem, social support, and cognitive-emotional functioning in close relationships. Yet a comprehensive framework explaining how these factors interact in the specific context of women living in families affected by addiction remains underdeveloped. Such a framework is particularly necessary because codependency appears to develop through reciprocal interactions among individual vulnerabilities, cognitive beliefs, emotional reactions, behavioral strategies, family dynamics, cultural expectations, economic constraints, and available support systems. Moreover, therapeutic factors and personal strengths may alter the trajectory of codependency, indicating that the phenomenon should be studied not only in terms of risk and pathology but also in terms of mechanisms of change. Evidence concerning counseling, mindfulness, schema-focused interventions, cognitive-behavioral approaches, and resilience-enhancing programs suggests that relational and emotional patterns can be modified when interventions target relevant psychological mechanisms (Klussman et al., 2020; Mohagheghi & Khaghani, 2021; Movahedrad et al., 2023). Developing an empirically grounded and culturally sensitive model could therefore provide a foundation for assessment, prevention, counseling, and family-based intervention while redirecting attention toward the psychological needs of women whose lives have become organized around another family member's addictive behavior.

Accordingly, the aim of the present study was to develop a comprehensive model of codependency based on addictive behaviors among women in families affected by addiction by identifying its causal and contextual conditions,

intervening factors, coping strategies, and psychological and interpersonal consequences.

2. Methods and Materials

The methodology of this study is based on a qualitative approach. Qualitative research examines human and social phenomena in depth and comprehensively, seeking to understand their meaning from participants' perspectives. It involves philosophical assumptions, interpretive and naturalistic approaches, and a focus on individuals' experiences and perceptions. The central point is that a qualitative approach provides a deeper and richer understanding of complex research issues than quantitative methods. The study was applied in purpose because it sought new scientific and technical knowledge with a specific intended application and aimed to develop practical knowledge in a particular field. In terms of its data, the study was qualitative because the researcher sought to explore an undefined situation. Qualitative data were therefore collected to describe multiple aspects of the phenomenon, with greater emphasis placed on such data.

Participants were scholars, experts, and specialists in psychology and counseling who took part in semi-structured interviews to identify the dimensions and components of codependency based on addictive behaviors. Inclusion criteria were a doctoral degree, specialization in psychology or counseling, and at least five years of professional experience. Exclusion criteria were fewer than five years of experience, specialization in a field other than psychology or counseling, and holding a master's degree. Participants in the qualitative phase were selected using nonrandom purposive sampling. In qualitative studies, the sample size cannot be calculated at the outset; it depends on theoretical saturation of the research questions and increases until no new codes are added and saturation is reached. Sampling in this study therefore continued until theoretical saturation. Qualitative data were initially extracted from books and articles and were subsequently organized and analyzed using interviews with specialists. Statements were classified and categorized, their logical structures were described, and their connections and implicit meanings were identified. Semi-structured interviews were used to collect data for this phase. Seven preliminary interview questions, derived from the study topic, model, and objectives, were used in individual interviews, as shown in the table below. The researcher also asked supplementary questions alongside each main

question to understand participants' experiences during the interviews.

After making the necessary arrangements, the researcher conducted semi-structured interviews until theoretical saturation was achieved. Each interview lasted 30–40 minutes. The coding stages were (1) open coding, (2) axial coding, and (3) selective coding. The data analysis used a coding procedure derived from a combined quantitative–qualitative theory-building method, employing interviews and coding. First, the interview transcripts were read repeatedly until the researcher had become sufficiently familiar with all interviews and the concepts and meanings embedded in them. Initial codes were then identified manually through repeated review of the interviews, with words representing initial codes underlined. This process continued until codes overlooked in the initial stages had also been identified. Similar codes and concepts referring to a particular domain or topic were then placed in the same category. Through an iterative process, codes referring to the same theme were grouped together. The researcher subsequently reviewed the categories again and selected appropriate names by defining and reconsidering their shared nature. Following the expert interviews and extraction of meaning units, open coding was conducted and items were derived.

3. Findings and Results

The model of codependency based on addictive behaviors was identified and specified using various written sources, including books, periodicals, documents, records, and relevant theories published from 2000 to 2024 and from 1390 to 1403 in the Iranian calendar. These sources were accessed through scholarly databases and examined through review, comparison, analysis, interpretation, and inference. Materials used in this method included information resources such as digital libraries and academic databases, scholarly articles, books and reference works by prominent authors in the field, full-text articles, and relevant scientific conferences and symposia. They were categorized as primary and secondary sources and examined accordingly. Operationally, the first step was to identify the main concepts and categories discussed in the dissertation. Quality appraisal tools were then used to select material relevant to the principal concepts, summarize and integrate the data, and ultimately report the information in a logical order.

Based on the theoretical foundations and research literature, the model of codependency based on addictive behaviors can be described as follows.

Table 1

Empirical literature on the model of codependency based on addictive behaviors

No.	Research topic	Indicators related to codependency based on addictive behaviors	Source
1	Codependency and behavioral addiction	Excessive need for approval, inability to say no, controlling behavior, excessive self-sacrifice	Beattie et al., 2001
2	Codependency in close relationships	Emotional dependency, fear of rejection, tolerance of harmful behavior, weak interpersonal boundaries	Norwood et al., 2005
3	Codependency and substance misuse	Pathological support, denial of addiction, justification of addictive behavior, emotional collusion	Whitfield, 2010
4	Codependency and emotion regulation	Inability to regulate emotions, emotional suppression, emotional avoidance, affective dependency	Grabman et al., 2012
5	Codependency and attachment styles	Insecure and anxious-ambivalent attachment, fear of abandonment	Hazan & Shaver, 2014
6	Codependency and behavioral control	Excessive control, pathological responsibility, chronic guilt	Kalmir et al., 2016
7	Codependency and relationship addiction	Excessive relationship dependency, need to rescue others, tolerance of abuse	Spring, 2017
8	Codependency in families affected by addiction	Maladaptive family roles, collective denial, pathological adjustment	Brown, 2018
9	Codependency and mental health	Depression, anxiety, emotional exhaustion, low self-esteem	Lawson et al., 2019
10	Codependency and emerging addictive behaviors	Internet addiction, digital dependency, compensatory behaviors	Young et al., 2020
11	Codependency and early maladaptive schemas	Excessive self-sacrifice, abandonment, subjugation, defectiveness and shame	Young & Klosko, 2021
12	Codependency and emotional decision-making	Impulsive decision-making, prioritizing others' needs	DiCarlo et al., 2022
13	Codependency in cultural context	Cultural norms of self-sacrifice, gender roles, emotional submission	Ahmadi et al., 2021
14	Codependency and spouses of people with addiction	Enduring the relapse cycle, false hope, controlling a spouse's substance use	Rezaei et al., 2022
15	Codependency and psychological vulnerability	Reduced self-efficacy, learned helplessness	Mousavi et al., 2023
16	Codependency and excessive caregiving	Chronic rescuing, self-sacrifice without boundaries	Karimi et al., 2024

A systematic review of the empirical studies presented in Table 1 shows that codependency based on addictive behaviors is a multidimensional, dynamic phenomenon rooted in the interaction of individual, interpersonal, and contextual factors. Findings from different studies indicate that codependency is not simply a fixed personality characteristic, but a pattern of learned and emotional behaviors that develops within harmful relationships, especially those involving addiction.

Early studies (Beattie et al., 2001; Norwood et al., 2005) characterized codependency by an excessive need for approval, inability to express disagreement, controlling behavior, and excessive self-sacrifice. These components lay the foundation for addiction-like behavioral patterns in relationships, such that codependent individuals gradually subordinate their identity and personal needs to maintaining the relationship or controlling the other person's behavior.

Subsequent studies examining emotion regulation and attachment styles (Grabman et al., 2012; Hazan & Shaver, 2014) show that codependency is significantly associated with difficulties in emotion regulation, insecure attachment, and fear of abandonment. These factors lead codependent individuals to use compensatory and controlling behaviors with an addiction-like quality to reduce their internal anxiety.

Findings concerning families affected by addiction (Brown, 2018; Rezaei et al., 2022) emphasize that codependency is reproduced through maladaptive family roles, collective denial, and pathological support for addictive behavior. Within this framework, codependent behaviors not only contribute to the continuation of addiction but also become a pattern of behavioral dependency themselves.

More recent studies (Young et al., 2020; Young & Klosko, 2021), linking codependency with emerging addictions and early maladaptive schemas, show that this pattern may also appear in more contemporary forms, including digital dependency, chronic rescuing, and excessive self-sacrifice. These findings support the view that codependency based on addictive behaviors is not limited to substance addiction but encompasses a range of repetitive, controlling, and compensatory behaviors.

Field method: Semi-structured interviews were conducted with university faculty members according to the principle of saturation. Participants for the exploratory interviews were selected purposively in accordance with the

study's inclusion and exclusion criteria. Following the necessary arrangements, the following questions were put to them.

These questions were derived from the study topic, model, and objectives and from the theoretical foundations and literature reviewed. In addition to the questions below, the researcher posed supplementary questions during the interviews to understand participants' experiences. To collect qualitative data, purposive sampling was used to interview 16 university faculty members holding doctoral degrees, psychiatrists with published works, clinical psychologists, and medical specialists with at least five years of professional experience.

Table 2

Interview questions

No.	Question
1	How do you define codependency based on addictive behaviors?
2	What factors reduce codependency based on addictive behaviors?
3	What factors inhibit codependency based on addictive behaviors?
4	In your view, what factors can influence codependency based on addictive behaviors, and how?
5	In your view, does codependency based on addictive behaviors affect differentiation of self?
6	In your view, does codependency based on addictive behaviors affect self-esteem?
7	In your view, does codependency based on addictive behaviors affect emotional intimacy?
8	In your view, does codependency based on addictive behaviors affect interpersonal forgiveness?

Following the preliminary review, semi-structured interviews were conducted with 15 university faculty members holding doctoral degrees, psychiatrists with published works, clinical psychologists, and medical specialists. The researcher took notes and recorded the

interviews. When ambiguities arose, additional questions were asked to obtain clear answers relevant to the topic. The interviews were then transcribed for examination and analysis.

Table 3

Extracted interview texts

Interview	Education and specialty	University or workplace	Topic (strategy)	Analytical summary of the interview
1	Doctorate in Clinical Psychology	Public university	Conceptual definition of codependency based on addictive behaviors	Codependency based on addictive behaviors was defined as an unhealthy relational pattern in which a woman in the family becomes excessively responsible for regulating the emotions, behaviors, and decisions of the person with addiction. Psychological boundaries weaken and differentiation of self declines, leaving the woman unable to distinguish her own emotions and needs from those of the person with addiction. Decision-making becomes increasingly reactive and anxiety-driven.
2	Doctorate in Family Counseling	Islamic Azad University	Systemic nature of codependency	Codependency was described as a systemic phenomenon affecting the entire family structure, with the woman acting as the "family's emotional regulator." This role intensifies chronic emotional pressure, psychological exhaustion, and neglect of personal needs and indirectly sustains the addiction cycle.
3	Doctorate in Clinical Psychology	University of medical sciences	Differentiation of self	Reduced differentiation of self was considered a principal consequence of codependency. A codependent woman cannot separate her emotions, thoughts, and responsibilities from those of the person with addiction. Her emotional reactions are intense, immediate, and anxiety-driven, undermining psychological autonomy and independent decision-making.

4	Doctorate Counseling Psychology	in	Public university	Factors reducing codependency	Self-awareness training, rebuilding psychological boundaries, strengthening assertiveness, learning emotion regulation, and focusing on individual needs were identified as the most effective factors in reducing codependency. The interviewee emphasized that leaving the codependency cycle is difficult without targeted educational interventions.
5	Doctorate Clinical Psychology	in	Specialized addiction treatment center	Barriers to reducing codependency	Chronic guilt, fear of rejection, economic dependency, social stigma, and traditional cultural beliefs were identified as major barriers to changing codependent patterns. These factors keep women in a cycle of excessive caregiving and tolerance of psychological harm.
6	Doctorate Psychiatry	in	University of medical sciences	Role of cultural beliefs	Cultural beliefs emphasizing women's excessive self-sacrifice and responsibility for preserving the family reinforce codependency. They lead women to disregard personal boundaries and endure psychological harm as a "duty."
7	Doctorate Health Psychology	in	Public university	Psychological autonomy	Codependency weakens the "I-position" and reduces psychological independence. Decisions are increasingly based on anxiety, fear, and anticipation of the person's addictive behavior, and the woman loses control over her own life.
8	Doctorate Clinical Psychology	in	Islamic Azad University	Self-esteem	Codependent women's self-esteem is often conditional, unstable, and dependent on the functioning of the person with addiction. Their personal worth is defined by success in rescuing or controlling that person, so every failure intensifies feelings of inadequacy.
9	Doctorate Psychology	in	Specialized treatment center	Emotional consequences	Chronic anxiety, emotional exhaustion, learned helplessness, and self-blame were reported as common consequences of codependency based on addictive behaviors.
10	Doctorate Counseling	in	Public university	Emotional intimacy	Codependency makes emotional relationships revolve around control, excessive caregiving, and anxiety instead of empathy and mutual support. Healthy intimacy is replaced by continual worry and monitoring.
11	Doctorate Clinical Psychology	in	Islamic Azad University	Emotional loneliness	Despite being in a relationship, codependent women experience profound emotional loneliness because their emotional needs are ignored and the relationship focuses on the person with addiction.
12	Doctorate Psychology	in	Family counseling center	Excessive forgiveness	Forgiveness among these women often occurs without healthy boundaries and leads to the continuation of harmful and addictive behaviors.
13	Doctorate Clinical Psychology	in	University of medical sciences	Suppressed resentment	Some women experience chronic resentment and suppressed anger instead of forgiveness, hindering relationship repair and mental health.
14	Doctorate Psychology	in	Public university	Role of education	Training in emotional skills, psychological boundary setting, and effective communication was identified as a key factor in reducing codependency and improving mental health.
15	Doctorate Counseling	in	Islamic Azad University	Identity reconstruction	Reduced codependency is accompanied by reconstruction of individual identity, greater self-awareness, and redefinition of the woman's role in the family.
16	Doctorate Clinical Psychology	in	Specialized addiction treatment center	Positive intervention outcomes	Reducing codependency leads to greater differentiation of self, stable self-esteem, healthy intimacy, and balanced forgiveness.

Analysis of the qualitative data from 16 interviews showed that codependency based on addictive behaviors has a multilevel structure encompassing individual, emotional, familial, and cultural dimensions. Reduced differentiation of self, conditional self-esteem, disturbed emotional intimacy, and dysfunctional patterns of forgiveness were identified as its core components. The findings also suggested that educational and therapeutic interventions focusing on rebuilding psychological boundaries and strengthening self-awareness can play a decisive role in reducing codependency.

After making the necessary arrangements with interviewees, the researcher recorded the interview conversations to extract codes. This procedure was performed after each interview. Theoretical saturation was reached with the sixteenth interview, after which no new codes were identified.

Open coding: This stage begins immediately after the first interview. Following each interview, the researcher identifies concepts, selects appropriate labels, and combines related concepts. At this stage of analysis and coding, attention must be given to all events. Although many codes may be extracted from a single interview or text, ongoing

review of the data reveals new codes and establishes the final set. Categories are discovered by grouping concepts according to their relationships with similar topics. Categories have sufficient conceptual power to bring related concepts together. The researcher selects labels that correspond as closely as possible to the data they represent. Phrases used by participants may also provide useful labels. Categories are described in terms of their properties. At this stage, the codes extracted from interviews and the categories derived from concepts are presented together with secondary codes.

Axial coding: The researcher selects one category as the axial category, places it at the center of the process under investigation as the central phenomenon, and identifies its relationships with the other categories.

Selective coding: This process involves selecting the core category, systematically relating it to other categories, validating those relationships, and filling gaps in categories that require refinement or further development. The process comprises several steps. The first involves explaining the central storyline. The second links supplementary categories around the core category using a paradigm, as described in axial coding. The third relates categories to one another at the next level. The fourth validates those relationships against the data. The final step completes categories requiring refinement or elaboration (Danaeifard & Eslami, 1390).

As noted, the coding procedure used to analyze data in the qualitative phase was derived from content analysis. The relevant stages of qualitative data analysis were followed and are presented below in order. Qualitative content analysis often begins during the early stages of data collection. This early analytical engagement helps the researcher move back and forth between concept development and data collection and may guide subsequent data collection toward sources that are more useful for addressing the research questions. To support credible and trustworthy findings, qualitative content analysis comprises systematic and explicit procedures for processing data. It can generally be divided into the following stages, beginning with the comparison of data and published reports and culminating in a written account of the findings.

Stage 1 Data Analysis

Qualitative content analysis can be used for various forms of data analysis. Generally, however, the data need to be

converted into written text before analysis begins. If the data originate from existing texts, the selection of content must be justified by what the researcher seeks to learn.

Stage 2 Defining the Unit of Analysis

The unit of analysis refers to the basic segment of text categorized during content analysis. These messages must be unified before they can be coded, and differences in the definition of the unit can influence coding decisions and comparisons with other similar studies. In this study, the researcher searched and reviewed theoretical foundations and studies on the research topic and extracted their components into a table to reach generalizations through analysis. The units of analysis comprised Iranian and international studies on the topic and the transcripts of semi-structured interviews with university faculty members.

Stage 3 Developing Categories and a Coding Scheme

Categories and a coding scheme can originate from three sources: the data, previous relevant studies and reviews, and theories. Coding schemes may be developed deductively or inductively. When categories are developed inductively from raw data, researchers are encouraged to use constant comparison. This method can generate original insights and distinguish between emerging categories.

Selecting coding schemes developed in previous studies has the advantage of supporting the accumulation and comparison of research findings across multiple studies. Constant comparison shapes the coding guide throughout data analysis and is supplemented by interpretive notes. The present dissertation used an inductive approach, moving from specific observations to general conclusions.

Stage 4 Coding the Entire Text

Once sufficient consistency has been achieved, the coding rules can be applied to the entire text. Throughout coding, the researcher must repeatedly review the process to avoid “drifting toward a personal sense of what the codes mean.” As coding continues and new data are collected, new themes and concepts may emerge and need to be added to the coding manual. In this study, the entire text was coded through careful adherence to this process.

Stage 5 Evaluating Coding Consistency

The concepts and categories presented in Table 4 provided the basis for axial coding. The checklist of findings from the content analysis of interviews on the research topic is presented below.

Table 4

Checklist of findings from the content analysis of interviews on the research topic

No.	Axial coding (main components)	Subcomponents	Open coding (indicators)
1	Codependency based on addictive behaviors	Conceptual definition of codependency	Excessive emotional dependency, emotional enmeshment, loss of personal boundaries, pathological control, neglect of personal needs, excessive responsibility for another person
2	Codependency based on addictive behaviors	Cognitive characteristics	Dysfunctional beliefs about responsibility, self-sacrifice schema, chronic guilt, cognitive distortions concerning love, fear of abandonment
3	Codependency based on addictive behaviors	Emotional characteristics	Separation anxiety, shame, emotional fluctuations, suppressed anger, emotional insecurity
4	Codependency based on addictive behaviors	Behavioral characteristics	Excessive caregiving, controlling another person's substance use or addictive behavior, conflict avoidance, dependency in decision-making, tolerance of psychological harm
5	Factors reducing codependency	Individual factors	Emotional self-awareness, increased self-esteem, emotion regulation, psychological independence, personal responsibility
6	Factors reducing codependency	Interpersonal factors	Communication skills training, healthy boundary setting, honest dialogue, effective social support
7	Factors reducing codependency	Therapeutic factors	Individual psychotherapy, schema-based therapy, cognitive-behavioral therapy, family group therapy
8	Barriers to reducing codependency	Individual barriers	Fear of loneliness, chronic emotional dependency, insecure attachment style, misguided cultural beliefs
9	Barriers to reducing codependency	Familial factors	Unhealthy interaction patterns, entrenched family roles, denial of the addiction problem, family collusion
10	Barriers to reducing codependency	Sociocultural factors	Social stigma surrounding treatment, cultural norms of excessive self-sacrifice, taboo against seeking specialist help
11	Consequences of codependency	Psychological consequences	Psychological exhaustion, depression, anxiety, reduced self-esteem, helplessness
12	Consequences of codependency	Interpersonal consequences	Disrupted intimate relationships, marital conflict, unhealthy communication, reduced emotional satisfaction
13	Effect of codependency on differentiation of self	Dimensions of differentiation	Reduced emotional independence, emotional fusion, impaired independent decision-making, high emotional reactivity
14	Effect of codependency on self-esteem	Dimensions of self-esteem	Low self-worth, personal worth dependent on others' approval, self-blame
15	Effect of codependency on emotional intimacy	Dimensions of intimacy	Unstable intimacy, dependency-based intimacy, lack of emotional security, fear-based communication
16	Effect of codependency on interpersonal forgiveness	Dimensions of forgiveness	Compelled forgiveness, suppressed resentment, unresolved conflict, reproduction of the harm cycle

Qualitative content analysis of semi-structured interviews with 16 university faculty members, psychiatrists, clinical psychologists, and medical specialists indicated that codependency based on addictive behaviors is a multidimensional phenomenon manifesting at cognitive, emotional, and behavioral levels. During open coding, numerous initial concepts were extracted from the interview transcripts and organized into subcomponents following continual review and constant comparison.

During axial coding, components such as the “definition of codependency,” “factors reducing codependency,” “inhibiting factors,” and “psychological and interpersonal consequences” were identified as the main categories, and

their relationships with the central phenomenon were explained. The findings indicated that codependency based on addictive behaviors is significantly associated with reduced differentiation of self, diminished self-esteem, disturbed emotional intimacy, and dysfunctional patterns of interpersonal forgiveness.

Finally, during selective coding, “codependency based on addictive behaviors” was selected as the core category around which the other categories were organized. Theoretical saturation was reached at the sixteenth interview, after which no new codes emerged, indicating the adequacy of the sample size and the validity of the qualitative analytical process.

Table 5

Final model of codependency based on addictive behaviors derived from qualitative content analysis of the interviews

Paradigmatic dimension	Selective (main) category	Axial categories	Open codes (indicators and concepts extracted from interviews)
Causal conditions	Individual antecedents of codependency	Personality characteristics	Low self-esteem, negative self-concept, emotional dependency, worthlessness, strong need for approval, low tolerance of rejection
Causal conditions	Individual antecedents of codependency	Attachment styles	Insecure ambivalent attachment, fear of abandonment, separation anxiety, emotional fusion
Causal conditions	Individual antecedents of codependency	Cognitive factors	Dysfunctional beliefs about love (“enduring means loving”), self-sacrifice schema, excessive self-sacrifice schema, belief in responsible control
Causal conditions	Individual antecedents of codependency	Developmental experiences	Lived experience in a family with a member experiencing addiction, reversed parent–child roles, premature responsibility
Central phenomenon	Codependency based on addictive behaviors	Core components of the phenomenon	Excessive emotional dependency on the person with addiction, pathological focus on another’s needs, covert or overt control, neglect of personal needs
Central phenomenon	Codependency based on addictive behaviors	Behavioral patterns	Excessive rescuing, justification of addictive behaviors, denial of harm, tolerance of emotional violence
Contextual conditions	Sociocultural contexts	Cultural factors	Norms of female self-sacrifice, divorce taboo, sanctity of the family, social labeling
Contextual conditions	Sociocultural contexts	Familial conditions	Blurred family boundaries, dysfunctional communication, family silence, cycle of denial
Contextual conditions	Sociocultural contexts	Economic conditions	Financial dependency, economic insecurity, lack of social support
Intervening factors	Intensifying or moderating variables	Psychological factors	Level of differentiation of self, emotion regulation capacity, psychological resilience
Intervening factors	Intensifying or moderating variables	Therapeutic factors	Access to psychotherapy, previous treatment experience, attitudes toward treatment
Intervening factors	Intensifying or moderating variables	Support factors	Social support, extended family support, formal support networks
Strategies (action and interaction)	Strategies for addressing codependency	Maladaptive strategies	Controlling substance use, excessive monitoring, self-victimization, conflict avoidance, emotional suppression
Strategies (action and interaction)	Strategies for addressing codependency	Partially adaptive strategies	Remaining in the relationship in the hope of change, compelled forgiveness, passive adjustment
Strategies (action and interaction)	Strategies for addressing codependency	Adaptive strategies	Healthy boundary setting, self-care, treatment seeking, reconstruction of individual identity
Consequences	Psychological consequences	Individual consequences	Depression, chronic anxiety, psychological exhaustion, reduced self-esteem
Consequences	Psychological consequences	Interpersonal consequences	Disrupted emotional intimacy, marital conflict, reduced trust
Consequences	Psychological consequences	Developmental consequences	Reduced differentiation of self, chronic dependency, inability to achieve personal growth
Consequences	Psychological consequences	Cyclical consequences	Reproduction of codependency, reinforcement of the victim–rescuer role

Based on qualitative content analysis of semi-structured interviews with 16 experts, codependency based on addictive behaviors was identified as a multidimensional, interactive, and cyclical process. The findings indicate that the emergence of this phenomenon is influenced by individual, cognitive, and developmental causal conditions that are intensified in families with a member experiencing addiction, especially for women.

The central phenomenon of codependency manifests as excessive focus on the person exhibiting addictive behaviors, self-neglect, and pathological controlling behavior. It is reinforced through interaction with cultural and familial contextual conditions and becomes more severe

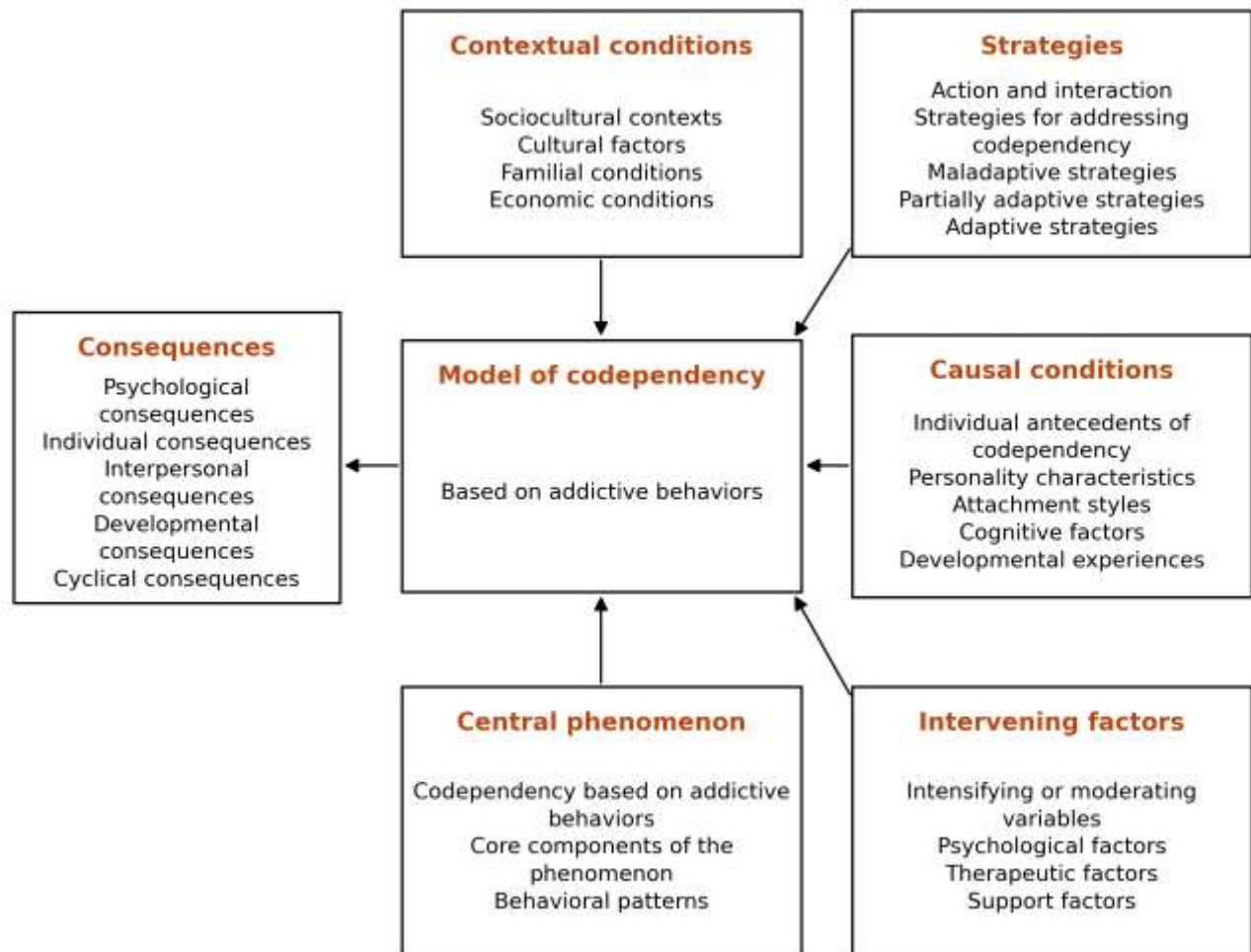
in the presence of intervening factors such as low self-esteem and limited access to treatment.

The coping strategies adopted by women in families affected by addiction generally fall on a continuum from maladaptive to adaptive behaviors, with differing consequences at individual, interpersonal, and developmental levels. In the absence of effective intervention, the negative consequences of this cycle consolidate codependency and reduce differentiation of self, self-esteem, emotional intimacy, and interpersonal forgiveness.

Using the systematic model of Strauss and Corbin, a conceptual and operational model of codependency based on addictive behaviors can be presented.

Figure 1

Conceptual model of the study



As shown in Figure 1, the conceptual model derived from qualitative content analysis of semi-structured expert interviews indicates that codependency based on addictive behaviors is a multidimensional, processual, and interactive phenomenon that emerges and persists in families with a member exhibiting addictive behaviors, particularly among women. The model reflects the interaction of individual, familial, social, and cultural conditions and cannot be reduced to a single factor or variable. Under causal conditions, the findings indicate that personality characteristics such as low self-esteem, emotional dependency, a negative self-concept, and an excessive need for approval, together with insecure attachment styles and dysfunctional cognitive beliefs, provide the initial psychological basis for codependency. These factors are commonly rooted in women's developmental experiences in

families characterized by addiction, reversed parent-child roles, and premature responsibility, which gradually consolidate maladaptive relational patterns. At the center of the model is the core phenomenon of codependency based on addictive behaviors, manifested through pathological focus on the person exhibiting addictive behaviors, neglect of personal needs, overt or covert control, and chronic tolerance of emotional harm. This phenomenon interacts dynamically and continuously with other model components and plays a central role in maintaining the codependency cycle. Contextual conditions include cultural, social, and familial factors that reinforce the phenomenon.

Cultural norms emphasizing women's excessive self-sacrifice, social taboos surrounding separation, the sanctity of the family, and family silence in the face of addiction not only discourage women from seeking help but also lead

them to view codependent behaviors as legitimate moral and social roles. These conditions weaken family boundaries and consolidate dysfunctional communication patterns. Intervening factors, including differentiation of self, emotion regulation capacity, social support, and access to treatment, may moderate or intensify the strength and direction of codependency's effects. The findings indicate that women with higher differentiation of self and more effective social support are better able to rebuild psychological boundaries and reduce emotional dependency. In response to the central phenomenon, women use action and interaction strategies ranging from maladaptive behaviors, such as excessive rescuing, controlling substance use, emotional suppression, and conflict avoidance, to adaptive strategies, such as healthy boundary setting, self-care, and treatment seeking. The choice of strategies depends on awareness, psychological resources, and available support. Finally, model consequences are evident at individual, interpersonal, and developmental levels. Reduced differentiation of self, diminished self-esteem, disrupted emotional intimacy, and difficulties with interpersonal forgiveness are among the most important psychological consequences. Without effective intervention, these consequences reproduce the codependency cycle and reinforce unhealthy relational roles.

4. Discussion

The present study aimed to develop a comprehensive model of codependency based on addictive behaviors among women in families affected by addiction. The findings showed that codependency is not a single behavioral characteristic or a simple form of emotional dependence, but rather a multidimensional, interactive, and cyclical process shaped by causal conditions, contextual conditions, intervening factors, coping strategies, and psychological and interpersonal consequences. The model identified personality characteristics, insecure attachment patterns, dysfunctional cognitive beliefs, and adverse developmental experiences as important causal conditions. The central phenomenon was manifested through excessive emotional dependency, pathological preoccupation with the person exhibiting addictive behavior, neglect of personal needs, excessive rescuing, overt or covert control, and tolerance of emotional harm. Cultural, familial, and economic conditions constituted the principal contextual influences, whereas differentiation of self, emotion regulation, treatment access, and social support functioned as intervening factors.

Women's responses ranged from maladaptive strategies, such as monitoring, control, emotional suppression, self-victimization, and conflict avoidance, to more adaptive strategies, including self-care, treatment seeking, healthy boundary setting, and reconstruction of individual identity. The consequences extended across psychological, interpersonal, developmental, and cyclical domains and included anxiety, depression, psychological exhaustion, reduced self-esteem, disturbed emotional intimacy, diminished differentiation of self, impaired trust, and reproduction of the codependency cycle.

One of the most important findings concerned the role of individual psychological vulnerabilities in the emergence of codependency. Low self-esteem, negative self-concept, emotional dependency, strong need for approval, and low tolerance of rejection were identified as personality-related antecedents. This finding can be explained by the fact that individuals whose sense of worth depends heavily on external approval are more likely to organize their behavior around preserving significant relationships, even when those relationships are psychologically harmful. In families affected by addiction, this pattern may become especially pronounced because the instability of the person with addiction repeatedly activates fears of rejection, inadequacy, and abandonment. The resulting need to maintain relational security can then promote excessive caregiving, controlling behavior, and self-neglect. Previous studies support this interpretation. Family environments have been shown to play a meaningful role in the development of self-esteem and self-evaluative processes over time (Krauss et al., 2020), while healthy lifestyle patterns are associated with higher self-esteem and psychological well-being (Zarrinkafsh & Alizadeh, 2020). Evidence also indicates that psychological and educational interventions can improve self-esteem and resilience, suggesting that self-worth is a modifiable factor rather than a fixed characteristic (Hosseini & Karimi, 2023; Sadeghi & Abbasi, 2024). These findings are consistent with the present model, in which low self-esteem functions both as a vulnerability and as an adverse consequence of codependency.

The finding that insecure attachment, fear of abandonment, separation anxiety, and emotional fusion contribute to codependency can likewise be understood within attachment and relational frameworks. Women with insecure attachment tendencies may experience significant relationships as necessary sources of psychological safety and may therefore tolerate harmful conditions to prevent separation. In an addiction-affected family, repeated threats

to stability can intensify attachment insecurity and lead to compulsive reassurance seeking, excessive monitoring, and efforts to control the person with addiction. Emotionally dependent behavior can therefore be interpreted as an attempt to manage anticipated loss. This explanation aligns with broader evidence showing that impaired emotion regulation and reduced autonomy are central characteristics of addictive and dependency-related processes. Henden emphasized that emotional dysregulation can impair autonomy by making behavior increasingly governed by immediate emotional pressures rather than stable values and reflective choice (Henden, 2023). Likewise, emotion dysregulation has been repeatedly associated with substance-use severity and substance use disorders (Garke et al., 2021; Stellern et al., 2022, 2023). The present findings extend this logic beyond the person with addiction by demonstrating that family members may also become organized around dysregulated emotional responses, particularly fear, guilt, and anxiety.

Another major finding concerned dysfunctional cognitive factors, including beliefs that love requires unlimited endurance, self-sacrifice is obligatory, and the woman is responsible for controlling or rescuing the family member with addiction. Such beliefs provide an important cognitive mechanism for the maintenance of codependency. When caregiving is interpreted as a moral obligation and boundary setting is construed as abandonment, maladaptive behaviors become psychologically justified. Women may therefore continue engaging in excessive responsibility, denial of harm, and self-neglect even when these strategies produce distress. This interpretation is compatible with research showing that cognitive beliefs and emotion regulation processes are important mechanisms of psychological dysfunction and therapeutic change. Changes in beliefs about rumination and improvements in emotion regulation have been shown to mediate the effectiveness of cognitive-behavioral interventions for depression and anxiety (Enrique et al., 2021). Similarly, schema therapy has demonstrated effectiveness in reducing anxiety, depression, and maladaptive schemas among individuals with substance use disorders (Mohagheghi & Khaghani, 2021). The current results therefore suggest that cognitive restructuring and schema-focused work may be particularly relevant for women whose codependent behaviors are supported by rigid beliefs concerning responsibility, sacrifice, control, and relational duty.

The prominent role of emotion regulation in the model is another important finding. Participants described separation

anxiety, emotional insecurity, suppressed anger, shame, and emotional fluctuation as central emotional characteristics of codependency. Women may suppress negative emotions to preserve family stability while simultaneously experiencing chronic internal tension. Over time, this emotional suppression can be expressed through controlling behavior, hypervigilance, excessive caregiving, or withdrawal from personal needs. This pattern is consistent with research showing that difficulties in identifying, understanding, and regulating emotions are associated with a wide range of maladaptive behaviors. Studies on alexithymia and emotional processing indicate that deficits in emotional awareness are associated with altered processing of affective information and impaired regulation (Butera et al., 2023). Similar associations between emotional difficulties, impulsivity, and behavioral dyscontrol have been demonstrated in other clinical populations (Del Bianco et al., 2023). Research on substance use further confirms the importance of emotion- and reward-related processes in addictive behavior (Chaplin et al., 2023). These findings support the current model by suggesting that codependency may partly function as a maladaptive attempt to regulate relational distress.

The study also identified reduced differentiation of self as a central intervening and consequential factor. Women with lower differentiation were less able to distinguish their emotions, responsibilities, and needs from those of the family member with addiction. This blurred boundary increased emotional reactivity, impaired independent decision-making, and reinforced dependency. The finding strongly agrees with existing family and relationship research. Differentiation of self has been positively associated with marital satisfaction and adaptive parenting processes (Alonso et al., 2022), while differentiation from the family of origin predicts healthier communication patterns and marital satisfaction among Iranian couples (Aryaei Azar et al., 2021). It has also been linked with couples' happiness and relational quality (Jafari Soltanabadi et al., 2021), general health and sexual satisfaction among married women (Farhangi et al., 2022), and sexual functioning and psychological distress (Zare & Varaei, 2021). Most directly, Hamidi and colleagues found that differentiation of self mediates the association between codependency and emotional abuse among married women (Hamidi et al., 2021). This body of evidence strongly supports the present finding that differentiation is a key psychological mechanism connecting codependency with relational and emotional dysfunction.

The findings concerning emotional intimacy also deserve attention. The model indicated that codependency disrupts intimate relationships through dependency-based closeness, fear-driven communication, emotional insecurity, and reduced trust. Although codependent women may remain highly involved in the relationship, this involvement does not necessarily represent healthy intimacy. Excessive monitoring, control, and caregiving can produce a relationship that is behaviorally close but emotionally unsafe. Healthy intimacy requires reciprocity, mutual respect, emotional disclosure, and the maintenance of personal boundaries. When relational interactions revolve around crisis management and addiction control, these qualities may deteriorate. Related evidence shows that supportive relational processes can increase self-efficacy and autonomous motivation (Han & Won, 2022), while reflective functioning contributes to greater sensitivity and understanding in close relationships (Lee et al., 2020). Strength-based counseling has also been shown to improve self-compassion and relational functioning among conflicted couples (Movahedrad et al., 2023). Accordingly, the present results suggest that restoring emotional intimacy among women in families affected by addiction requires replacing anxiety-driven involvement with reciprocal, bounded, and emotionally responsive interaction.

Interpersonal forgiveness emerged as another complex component of the model. The results showed that codependent women may demonstrate either compelled forgiveness or suppressed resentment, both of which can interfere with healthy relationship repair. Compelled forgiveness occurs when a woman repeatedly accepts harmful behavior without requiring accountability or change, whereas suppressed resentment reflects the accumulation of unresolved anger beneath a surface of relational compliance. Both patterns can perpetuate the cycle of codependency. Forgiveness is therefore not inherently adaptive unless it occurs alongside psychological autonomy, realistic appraisal, and healthy boundaries. Previous findings support this interpretation. Differentiation, meaning in life, and forgiveness have been shown to contribute jointly to marital satisfaction (Kazemian Moghaddam et al., 2021), suggesting that forgiveness functions optimally when it is embedded within broader relational maturity. In the present model, forgiveness becomes dysfunctional when it is driven by fear, dependency, or cultural obligation rather than genuine emotional resolution.

The identification of cultural and familial conditions as important contextual factors represents another significant

contribution of the study. Norms emphasizing women's self-sacrifice, the sanctity of the family, social stigma surrounding separation, silence about addiction, and reluctance to seek specialist help were found to reinforce codependent patterns. These factors can transform excessive caregiving and endurance into socially validated behaviors, making them more difficult to recognize as maladaptive. Economic dependency and lack of social support further constrain women's ability to change unhealthy relational patterns. Previous studies emphasize that social and environmental contexts shape vulnerability to addictive behavior and psychological distress. Talebpour demonstrated the relevance of social exclusion in women's tendency toward substance use (Talebpour, 2023), while Heidari Sarban and Saeb identified broader social and contextual factors involved in reducing drug-use tendencies (Heidari Sarban & Saeb, 2021). These findings reinforce the conclusion that codependency cannot be adequately understood solely as an individual psychological problem; it must also be situated within family roles, cultural expectations, and structural constraints.

The model also showed that women employ a continuum of coping strategies, ranging from maladaptive to adaptive. Maladaptive responses included controlling substance use, excessive monitoring, emotional suppression, conflict avoidance, self-victimization, and passive endurance. These behaviors may temporarily reduce anxiety because they create an illusion of control or prevent immediate confrontation, but they ultimately reinforce dependency and preserve dysfunctional family patterns. By contrast, healthy boundary setting, self-care, treatment seeking, and identity reconstruction were identified as adaptive strategies. This distinction is compatible with research demonstrating the effectiveness of structured psychological interventions for modifying maladaptive behavioral patterns. Cognitive-behavioral counseling can improve self-regulation and reduce dysfunctional behavioral patterns (Sundah, 2022), while digitally delivered cognitive-behavioral interventions have demonstrated effectiveness across emotional and behavioral difficulties (Fitzsimmons-Craft et al., 2023; Mason et al., 2023). Mindfulness-related approaches may also strengthen self-connection and psychological well-being (Klussman et al., 2020), and interventions designed to buffer negative affect can improve adaptive emotional functioning (Sansoni et al., 2022). Taken together, these findings suggest that therapeutic intervention can shift women from avoidance, control, and excessive caregiving

toward autonomy, emotional awareness, and boundary setting.

5. Conclusion

Finally, the cyclical structure of the proposed model is particularly important. The findings indicate that codependency generates consequences that subsequently reinforce the original vulnerabilities. For example, excessive caregiving can lead to exhaustion and reduced self-esteem; lower self-esteem may increase dependence on relational approval; greater dependency may then intensify rescuing and control. Similarly, diminished differentiation may increase emotional fusion, which produces more conflict and distress, further weakening autonomy. This cyclical pattern explains why codependency can persist even when women recognize that their behaviors are ineffective or harmful. The model therefore supports a process-oriented understanding of codependency rather than a static trait-based interpretation. Evidence from behavioral addiction research similarly shows that impaired self-control can interact with compulsive patterns in ways that reinforce maladaptive behavior (Gökalp et al., 2023). In this sense, codependency may be conceptualized as a relational self-regulation cycle maintained by reciprocal interactions among cognition, emotion, behavior, family dynamics, and cultural context. Overall, the findings indicate that effective intervention should simultaneously target self-esteem, differentiation of self, emotional regulation, dysfunctional beliefs, psychological boundaries, social support, and maladaptive family roles rather than treating codependency as a single symptom.

6. Limitations and Suggestions

The present study has several limitations that should be considered when interpreting its findings. First, the qualitative design relied primarily on expert perspectives rather than direct interviews with women experiencing codependency in families affected by addiction; therefore, some experiential dimensions of the phenomenon may not have been fully represented. Second, purposive sampling and the relatively limited number of participants restrict the transferability of the findings to other populations and sociocultural contexts. Third, because the study focused on women in families affected by addiction, the proposed model may not fully represent codependency among men, adolescents, or individuals involved in other forms of dysfunctional relationships. Fourth, interview-based data are

inherently influenced by participants' professional interpretations and the researchers' analytical judgments. Finally, cultural norms specific to the study context may have influenced the identified roles of self-sacrifice, family preservation, stigma, and treatment seeking.

Future studies should test the proposed model in larger and more diverse samples and examine whether its structure is replicated across different cultural, socioeconomic, and family contexts. Mixed-methods and longitudinal designs are recommended to determine how codependency develops and changes over time and to clarify causal relationships among differentiation of self, self-esteem, attachment, emotion regulation, intimacy, forgiveness, and coping strategies. Future research should also include direct interviews with women living in addiction-affected families and compare their perspectives with those of clinicians and family members. Comparative studies involving men and women could clarify gender-specific mechanisms, while research across different forms of addiction could determine whether the same model applies to substance-related and behavioral addictions. Intervention studies should additionally evaluate whether treatments derived from the present model produce sustained improvements in psychological autonomy, relational functioning, and family well-being.

In practice, counseling centers, addiction treatment services, and family mental health clinics should routinely assess codependency among family members rather than focusing exclusively on the person with addiction. Interventions should include training in healthy boundary setting, emotional awareness, differentiation of self, assertiveness, self-care, and independent decision-making. Clinicians should also help women identify and modify dysfunctional beliefs about responsibility, sacrifice, guilt, and control and distinguish supportive caregiving from behaviors that unintentionally maintain dysfunctional family cycles. Family-based programs should address communication patterns, role distribution, denial, and relational boundaries, while individual therapy should focus on rebuilding self-esteem and personal identity. Programs should also incorporate social-support enhancement, psychoeducation, and culturally sensitive strategies for overcoming stigma and barriers to treatment.

Authors' Contributions

Authors equally contributed to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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