

## Study of family system characteristics in co-dependent women

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### Summary

This article presents the results of an experimental study of co-dependence as a socio-psychological phenomenon. The study is aimed at analyzing the personality characteristics of co-dependent people. A general hypothesis is the assumption that co-dependence as a form of family relationships has a sustainable effect on the personality characteristics of co-dependent people. The main experimental base was the “Codo Amanat” Rehabilitation Center in Astana and the “Senim” Rehabilitation Center in Almaty. The study involved 110 addicts’ mothers living in Astana and Almaty. The article describes in detail the course of the study, consisting of three steps, starting with an interview and a diagnostic study. The findings show that co-dependence is quite a stable and common state among addicts’ mothers, and its severity affects the characteristics of the family system. Women with a very high degree of co-dependence experience despair, powerlessness and disbelief in their own abilities due to the exhaustion of all means and resources. At the same time, women with a high degree of co-dependence are more alienated from society, vulnerable to criticism and have a pronounced sense of guilt for addicts’ family problems.

**dependence, co-dependence, co-dependent mothers, family, family system characteristics**

### INTRODUCTION

Among the many problems facing all countries of the post-Soviet space, including Kazakhstan, one of particular concern is the problem of dependence as a global threat to public health and national security. In recent years, not only various types of chemical addiction associated with

the use of substances that change the human condition have become widespread, but also Internet addiction, gambling, religious dependence, etc.

As noted by the Kazakh psychologist A.V. Krasnik, over the past 10–15 years, the number of addicts in Kazakhstan has increased 3.5-fold, with two thirds of them being young people under the age of 30 [1]. In his opinion, every fifth Kazakhstani citizen is a dependent person, but the real number of addicted people is 8–10 times more [2].

Moreover, the development of these types of addiction has a pronounced ethnic character. For example, gambling addiction is most often found among representatives of the Kazakh ethnic group. Among alcohol addicts, there are more representatives of the Russian ethnic

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group. As for drug addiction, it is found among certain representatives of all ethnic groups living in Kazakhstan.

All these types of addiction lead to social and psychological consequences: personality degradation, commission of crimes and immoral acts, increased birth of sick and impaired children, increased early mortality, family breakdown.

As practice shows, those suffering from various types of addiction very rarely live in complete isolation. Their dependence brings suffering not only to themselves, often it turns out to be a personal tragedy for their relatives, who also become "victims" of this disease, and who today are defined as co-dependent. Their life and needs are primarily aimed at helping the addict. In such a way, they have a growing dependence on another person, for which there is a psychological term – co-dependence (or indirect dependence).

V.D. Mendelevich determines that co-dependence is considered both a consequence of some pathological condition of a loved one and a cause of the formation of a family stereotype of dependent behavior in a dysfunctional family [3; 4]. According to M. Beatty, a co-dependent person is, first of all, the one who allowed another person to exert influence on him/her, and who is trying to completely control his/her actions. In this case, the other person can be a child, an adult, a relative, a friend, a client, an alcohol or drug addict, be sick or healthy [5; 6].

In modern psychological science, there is a relatively large number of scientific definitions of this term, indicating the existence of mental disorders and the personal functioning of the co-dependent person. The research concept is that co-dependent relationships involve, first of all, individuals characterized by certain psychological traits, such as low self-esteem, high anxiety, high level of aggression and rigidity. This explains why this phenomenon is currently covered not only in the medical, psychiatric, psychological fields of knowledge, but also in the fields of pedagogy and social services. However, as a rule, modern researchers are limited only by a statement of the existence of this phenomenon, and are making some attempts to declare this phenomenon a new paradigm in the system of psychological science.

At the same time, unfortunately, there is a lack of experimental studies, theoretical generaliza-

tions and descriptions of any empirical results, which does not contribute to the creation of a coherent and systematized concept of co-dependence. The lack of a single definition of co-dependence and diagnostic criteria is the reason why standardized approaches to the correction of this condition are still not developed. As an example, we can mention some works of R.V. Bisaliev [7], E.G. Eidemiller and V.V. Yustitskis [8], D.A. Zhanserikova and A.B. Tulebayeva [9], O.H. Aimaganbetova [10-12] devoted to the study of the individual features of co-dependent people.

Among foreign researchers should highlight the works of S.Y. Kwon [13], R. Blakar [14], P. Mellody [15], S. Sarkar, S.K. Mattoo, D. Basu and K. Gupta [16].

There are also studies examining relatives of the addicted person in terms of psychopathology. These studies established the presence of pre-clinical and even clinical mental disorders in addicts' family members; moreover, there is a need to provide specialized, including pharmacological, assistance to this contingent [17-19].

Since numerous studies of normally and pathologically functioning families draw attention to the decisive role of the mother in organizing the entire family life, the psychological study of the mother is especially important when studying members of the addict's family. The study of addicts' mothers is also essential because they are actually the central link in building a system for helping addicted people.

Information about the psychological characteristics of addicts' mothers is scarce and fragmented. In particular, there are practically no data on characterological features, self-esteem, emotional state, mode of interpersonal interaction and styles of relationships with others, especially with own adult child.

Thus, the goals of this study are as follows:

1. to identify the characteristics of the family system of co-dependent people, the degree of its constructiveness/destructiveness, openness/closedness of borders;
2. to assess the level of co-dependence of mothers whose adult children suffer from some type of addiction;
3. to determine the socio-psychological characteristics of co-dependent mothers whose adult children suffer from some type of addiction.

As for Kazakhstan itself, unfortunately, there are almost no studies focusing on the problems of co-dependence and the personality characteristics of co-dependent people. This conditioned the relevance of the research, the choice of purpose, the object and the subject.

It is traditionally believed that the closest co-dependent relationship is formed between mothers and children. In most cases, it is they, rather than fathers or other relatives, who seek psychological help. In this regard, a comprehensive study of the personal functioning of addicts' mothers is relevant. This predetermined the choice of the research object.

The research object is a co-dependent individual. In our study, these are co-dependent mothers whose relatives (adult children) suffer from some type of addiction.

The research subject is the personality characteristics of co-dependent people.

A general hypothesis is the assumption that co-dependence as a form of family relationships has a sustainable effect on the personality characteristics of co-dependent people.

## METHODS

In order to solve the tasks and test the hypothesis, a complex research method was used that included the following levels:

- theoretical: analysis of scientific and methodological literature, systematization of scientific ideas, theories, concepts, and modeling;
- empirical: a package of psychodiagnostic methods, including:
  - 1) The Constructive-Destructive Family (CDF) Questionnaire (E.G. Eidemiller and V.V. Yustitskis [8]);
  - 2) The Family Adaptability and Cohesion Evaluation Scale (FACES III questionnaire / D.H. Olson's test [20-22]);
  - 3) The Adult Separation Anxiety Questionnaire ASA-27, in A.A. Dityuk's adaptation [23];
  - 4) The Spann-Fischer Co-Dependence Scale, in V.D. Moskalenko's adaptation [17];

- 5) The Co-Dependence Scale of J. Weinhold and B. Weinhold [24];
  - an ascertaining experiment.

There are currently no data on psychometric quality tests. This is due to the fact that it is necessary to check the reliability of tests in two languages – Russian and Kazakh. The authors make an effort to collect a sufficient amount of information required to confirm the reliability of test data in the Kazakhstan sample.

To process the obtained data, SPSS software was used. For quantitative data processing, the following methods were applied: descriptive statistics, nonparametric methods for comparing independent samples (Mann-Whitney U-test).

## RESULTS AND DISCUSSION

The main experimental base was the “Codo Amanat” Rehabilitation Center in Astana and the “Senim” Rehabilitation Center in Almaty. The study involved 110 addicts' mothers living in Astana and Almaty.

The selection of mothers as the research object was not accidental. The mother is the key figure in the life of the child, the person closest to the child. Without doubt, psychological transformations in the context of co-dependence formation are most clearly observed in mothers. In addition, as practice shows, it is mothers who primarily seek psychological help about the dependence of their children.

The respondent selection model was probabilistic in nature, that is, any woman whose child was undergoing rehabilitation in these two centers could take part in the study. Testing was voluntary and anonymous.

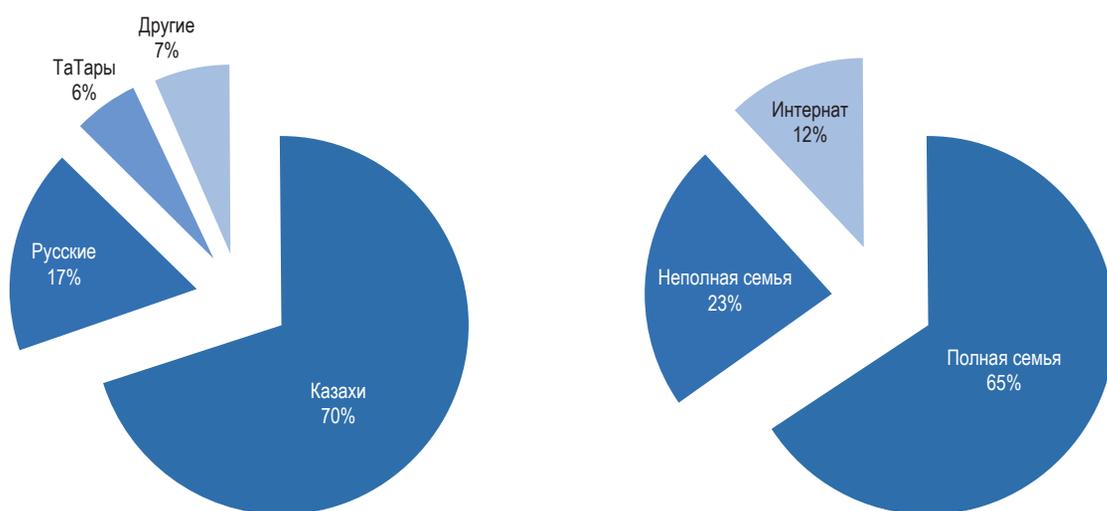
The study involved 110 women with the average age of 49.6 years. Of them:

- 70% of the respondents were Kazakhs, 17% – Russians, 6% – Tatars, 7% – others (see Figure 1).
- 65% of the women were from two-parent families, 23% – from single-parent families, 12% – from a boarding school (Figure 1).

It should be noted that 65% of the co-dependent women from two-parent families were married. 32.2% of the mothers had one child, 5.6% – many

children. The second child also suffered from drug addiction in 8 families (11.2% cases). 88% of the mothers had a permanent job, 12% were engaged in household work.

52% of the respondents complained about the deterioration of somatic state, 98.6% – about their conflict relationship with the addicts.



**Figure 1.** Characteristics of the study sample. Note: Казахи – Kazakhs; Русские – Russians; Татары – Tatars; Другие – Others. Полная семья – Two-Parent Family; Неполная семья – One-Parent Family; Интернат – Boarding School.

Before starting the examination, an individual interview was held with co-dependent mothers, which helped to study anamnestic data, to form an atmosphere of confidential psychological contact, and to create motivation for them to participate in the study.

It should be noted that women were reluctant to participate in the study; they were completely immersed in their experiences and relations with the child whom they came to visit. In the interview, they experienced difficulties, were withdrawn, did not want to answer any questions, took time to pick up the right words and found it difficult to identify and describe their emotions.

The first block of methods was aimed at studying the characteristics of the parameters of the family system in co-dependent women.

In order to study the model and degree of the respondents' co-dependence, two methods were used:

- 1) The Spann-Fischer Co-Dependence Scale, in V.D. Moskalenko's adaptation [17];

None of the mothers participating in the study was registered in a neuropsychiatric dispensary; not one of them had previously contacted a psychologist regarding co-dependence or other reasons. Only in some cases had there been appeals to a therapist about sleep disturbances and increased anxiety.

- 2) The Co-Dependence Scale of J. Weinhold and B. Weinhold [24].

The results were analyzed in accordance with the test standards, based on which the subjects were divided into groups in terms of the severity of co-dependence and the preferred models of co-dependence.

According to the data obtained on Weinhold's co-dependence scale [24], two models of co-dependence are most pronounced:

- 42% of the mothers showed a very high degree of co-dependent models;
- 47% of the mothers showed a high degree of co-dependent models.

It should be noted that the percentage of counter-dependent models among the examined addicts' mothers is very small and makes up 1% of the sample. 10% of the addicts' mothers show a moderate degree of dependent or counter-dependent models.

According to the data obtained on the Spann-Fischer Co-Dependence Scale in V.D. Moskalenko's

ko's adaptation [17], the average score of the respondents is 80.2, which corresponds to a pronounced co-dependence.

This level of co-dependence was demonstrated by 78% of the co-dependent women; the remaining 22% of the respondents showed a moderate co-dependence (with the score of 58.9).

The data obtained suggest that co-dependence is quite a stable and common state among addicts' mothers. It is also confirmed by the results of observation and preliminary interviews with the mothers, which revealed their high involvement in the life and rehabilitation process of their adult addicted children, their "inability" to distract or focus on examination, interview, or something other than their children.

In accordance with the results obtained, in order to study the characteristics of the family system and socio-psychological personality traits, the respondents were divided into two groups: with a very high degree (VHD) and a high degree (HD) of co-dependent models.

The characteristics of the family system were studied using three methods:

- 1) The Constructive-Destructive Family (CDF) Questionnaire (E.G. Eidemiller and V.V. Yustitskis [8]);
- 2) The Family Adaptability and Cohesion Evaluation Scale (FACES III questionnaire / D.H. Olson's test [20-22]);
- 3) The Adult Separation Anxiety Questionnaire ASA-27, in A.A. Dityuk's adaptation [23].

The factor influencing the dependent variables was the group factor – with a very high and high degree of co-dependent models.

The dependent variables were the scales of the selected methodology:

- 1) The Constructive-Destructive Family (CDF) [8] – influence, frustration, information, alienation;
- 2) The Family Adaptability and Cohesion Evaluation Scale [20-22] – the family cohesion level: "emotional connection", "family boundaries", "decision making", "time", "friends", "interests and leisure"; the family adaptability level: "leadership",

"control", "discipline", "rules and roles in the family";

- 3) The Adult Separation Anxiety Questionnaire ASA-27 [23] – the severity of separation anxiety.

Figure 2 shows the characteristics of the parameters of the family system of co-dependent women whose adult addicted children are undergoing rehabilitation, obtained by the method of the constructive-destructive family (CDF) by E.G. Eidemiller and V.V. Yustitskis [8].

According to the data presented on three scales, the respondents showed high results indicating an unstable type of the family system:

- influence (8.7) – co-dependent women have a "destructive" feeling of the exhaustion of all means and the associated sense of their own powerlessness;
- frustration (9.1) – co-dependent women are characterized by the "destructive" feelings of despair and disbelief that the situation can improve;
- alienation (5.0) – co-dependent women are characterized by growing alienation from society, increased vulnerability to criticism, and pronounced guilt for addicts' family problems.

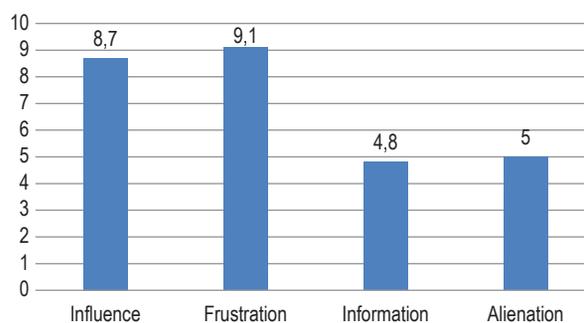


Figure 2. Family system characteristics of co-dependent women

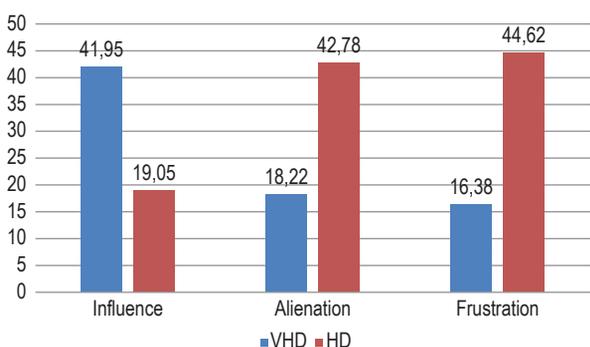
It follows that the "dependent-co-dependent" family system is characterized by moderate knowledge of the personality characteristics of the family member who causes the most problems. The type of family can be described as indefinite or destructive.

The data presented in Table 1 and Figure 3 indicate that the variable group (with a very high

and high degree of co-dependent models) affects the differences in the severity of three scales of the family system – influence, alienation, frustration.

**Table 1.** Results of identifying significant differences by the Mann-Whitney U-criterion in the CDF method based on group membership (between women with a very high and high degree of co-dependent models)

Variables	Group	Average rank	Mann-Whitney U-criterion	Significance
Influence	VHD	41.95	106.500	0.000
	HD	19.05		
Alienation	VHD	18.22	81.500	0.000
	HD	42.78		
Frustration	VHD	16.38	26.500	0.000
	HD	44.62		



**Figure 3.** Results of identifying significant differences by the CDF method based on group membership (between women with a very high and high degree of co-dependent models)

Significant differences found at the significance level of  $p \leq 0.0001$  indicate that the parameters of the family system are different and have a different structure in women, depending on the severity of co-dependence.

Based on the data presented in Table 1, one can say that the “Group” factor has a significant effect on the scales “Influence” ( $p \leq 0.0001$ ), “Alienation” ( $p \leq 0.0001$ ) and “Frustration” ( $p \leq 0.0001$ ).

According to the results of the average ranks, the scales “Influence” (41.95 and 19.05) and “Frustration” (44.62 and 16.38) are more pronounced in women with a very high degree of co-dependent models (VHD), while the “Alienation” scale (42.78 and 18.22) is more pronounced in women with a high degree of co-dependent models (HD).

The results obtained allow us to state that women with a very high degree of co-dependent models experience despair, powerlessness and disbelief in their own abilities due to the exhaustion of all means and resources. At the same time, women with a high degree of co-dependent models are more alienated from society, vulnerable to criticism and have a pronounced sense of guilt for addicts’ family problems.

As already mentioned above, the term “separation anxiety” is traditionally used in the context of child-parent relationships. Therefore, the Adult Separation Anxiety Questionnaire ASA-27 was assigned to the unit for studying the parameters of the family system.

According to the data obtained, a very high level of separation anxiety (average score – 64.8) was found in 56% of the mothers whose adult addicted children are undergoing rehabilitation, a high level of separation anxiety (average score – 54.3) – in 41%, and an average level of separation anxiety – only in 3%.

The data presented in Table 2 and Figure 4 indicate that the variable group (with a very high and high degree of co-dependent models) affects the differences in the severity of separation anxiety.

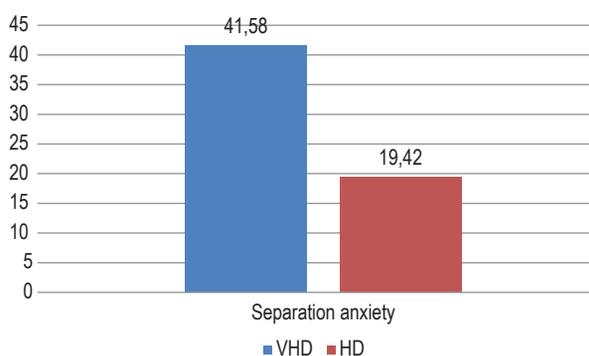
**Table 2.** Results of identifying significant differences by the Mann-Whitney U-criterion in the Adult Separation Anxiety Questionnaire ASA-27 based on group membership (between women with a very high and high degree of co-dependent models)

Variables	Group	Average rank	Mann-Whitney U-criterion	Significance
Separation anxiety	VHD	41,58	117,500	0,000
	HD	19,42		

Based on the data presented in Table 2, one can say that the “Group” factor has a significant effect on the “Separation anxiety” scale ( $p \leq 0.0001$ ).

According to the results of the average ranks, the data on the “Separation anxiety” scale (41.58 and 19.42) are more pronounced in women with a very high degree of co-dependent models (VHD).

It should be borne in mind that separation anxiety is associated with bonding and alienation in a relationship. In adulthood, separation anxiety regulates contacts with other people and is as



**Figure 4.** Results of identifying significant differences in the Adult Separation Anxiety Questionnaire ASA-27 based on group membership (between women with a very high and high degree of co-dependent models)

sociated with the experience of a painful feeling of fear that occurs when emotional relationships with a significant person are threatened or interrupted. Separation anxiety is the basis of all addictions, and the intensification of this type of anxiety often provokes depression and psychosomatic diseases [25].

A.Ya. Varga notes that the problems of separation (separation of the child, especially male, from the parents) are most often the problems of separation of the child from the mother, since a typical family is a coalition of the mother with the children in the center of the family and the husband on its periphery [26].

The data obtained during the study confirm the initial position on the significance of separation anxiety in co-dependent relationships.

In order to study the characteristics of the family system, the Family Adaptability and Cohesion Evaluation Scale (FACES-3) [20-22] was also used. It is one of the best-known standardized questionnaires designed to evaluate the family structure. The study involved only the real level of adaptability and family cohesion, whereas indicators of the ideal family were not taken into account, since this was not part of the goals and objectives of the study.

The dependent variables were the scales of the methodology:

- 1) the level of family cohesion: "emotional connection", "family boundaries", "decision making", "time", "friends", "interests and leisure";
- 2) the level of family adaptation: "leadership", "control", "discipline", "rules and roles in the family".

Starting to analyze these characteristics, we paid particular attention to the main parameters – family cohesion and family adaptability, since they allow us to determine the type of the family structure.

The levels of family cohesion can be indicated as:

- disengaged;
- separated;
- connected;
- enmeshed.

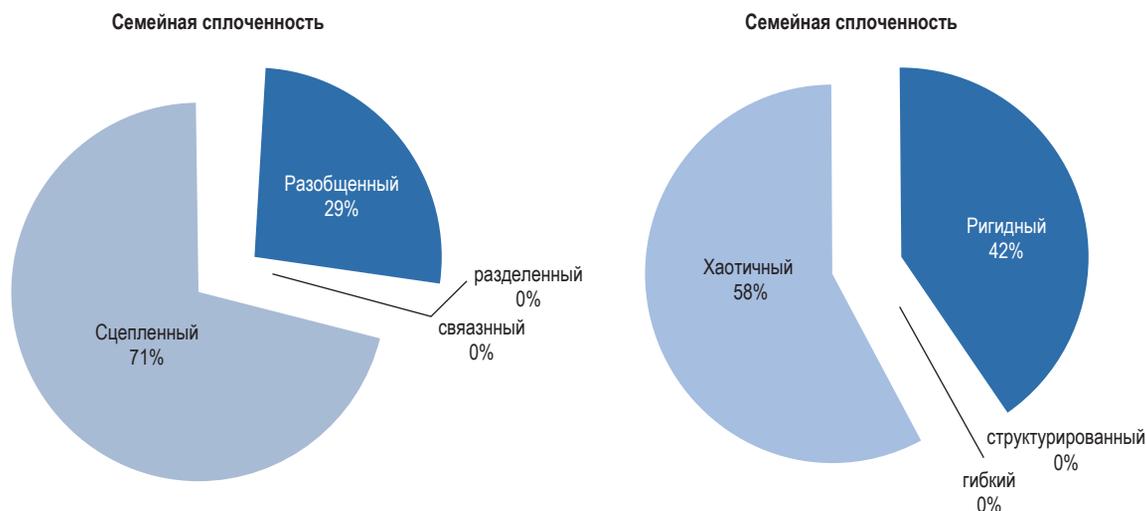
The levels of family adaptability can be indicated as

- rigid;
- structured;
- flexible;
- chaotic.

The data on family cohesion and family adaptability indicators are presented in Figure 5. It can be seen that the level of family cohesion in co-dependent mothers can be described by two extreme ranges:

- 71% of co-dependent women show a tendency towards an enmeshed (merged) level of cohesion, which indicates a high dependence of family members on each other. Such a family is characterized by excessive emotional closeness (merging) and loyalty, lack of personal space, and independence among family members. Such families and their members are poorly differentiated.
- 29% of co-dependent women show a tendency towards a disengaged level of family cohesion, which indicates the manifestation of counter-dependent trends. It is typical for such a family that its members are extremely emotionally separated, little attached to each other, lack mutual understanding and are unable to support each other and solve life problems together. Isolated from each other, emphasizing their independence, they hide their inability to establish close relationships. When bonding with others, they have an increased sense of anxiety.

It should be noted that during the course of the study, not a single respondent showed a balance



**Figure 5.** Levels of family cohesion and family adaptability in co-dependent mothers whose adult addicted children are undergoing rehabilitation. Note: Семейная сплоченность – Family cohesion; Сцепленный – disengaged; Разобщенный – enmeshed. Семейная адаптация – Family adaptation; Хаотичный – Chaotic; Ригидный – Rigid.

in terms of dependence/independence (family cohesion).

The level of family adaptability in co-dependent mothers can also be described by two extreme ranges:

- 58% of co-dependent mothers demonstrate a chaotic level of family adaptability, which indicates a high degree of unpredictability. This type of the family system has unstable and limited control and lacks leadership. Decisions are impulsive and ill-conceived. Roles are unclear and often shift from one member to another.
- 42% of co-dependent mothers demonstrate a rigid level of family adaptability, which suggests that the family has low flexibility and adaptability. The family refuses to change and adapt to the changed situation; the family system is excessively hierarchical. That is, there is a family member who manages and controls everything. Negotiations on important issues in such a family are limited, and most decisions are made by the leader. In a rigid system, roles are usually strictly distributed and the rules of interaction remain unchanged. The insignificance of changes in the system leads to high predictability and rigidity of the behavior of its members.

The data obtained show that 4 models of dysfunctional families are characteristic for co-dependent women whose adult addicted children are undergoing rehabilitation:

- 1) disengaged and rigid;
- 2) disengaged and chaotic;
- 3) enmeshed and rigid;
- 4) enmeshed and chaotic.

The data presented in Table 3 indicate that the variable group (with a very high and high degree of co-dependent models) affects the differences in the severity of two scales of the family system – family cohesion and family adaptability.

**Table 3.** Results of identifying significant differences by the Mann-Whitney U-criterion in the FACES-3 methodology based on group membership (between women with a very high and high degree of co-dependent models)

Variables	Group	Average rank	Mann-Whitney U-criterion	Significance
Cohesion	VHD	36,53	355,500	0,050
	HD	27,61		
Adaptability	VHD	26,16	309,000	0,010
	HD	38,03		

Significant differences found at the significance level of  $p \leq 0.05$  indicate that the parameters of the family system are different and have

a different structure in women, depending on the severity of co-dependence.

Based on the data presented in Table 3, one can say that the "Group" factor has a significant effect on the scales "Cohesion" ( $p \leq 0,050$ ) and "Adaptability" ( $p \leq 0,010$ ).

According to the results of the average ranks, the "Cohesion" scale (36.53 and 27.61) is more pronounced in women with a very high degree of co-dependent models (VHD), while the "Adaptability" scale (26.16 and 38.03) is more pronounced in women with a high degree of co-dependent models (HD). Therefore, one can say that women with a very high degree of co-dependent models are characterized by an enmeshed (merged) level of cohesion, while women with a high degree of co-dependent models are more characterized by a rigid family structure.

## CONCLUSION

The data obtained during the study showed that co-dependence is quite a stable and common state among addicts' mothers. The percentage of counter-dependent models among addicts' mothers is very small and makes up 1% of the studied sample.

Co-dependence as a form of family relationships is reflected in the characteristics of the respondents' family system. The most characteristic is the indefinite or destructive family type. This shows that the "dependent-co-dependent" family system is characterized by moderate knowledge of the personality characteristics of the family member who causes the most problems and the inability to find reserves to strengthen influence on him/her, despair and guilt.

It is shown that the severity of co-dependence affects the characteristics of the family system. Women with a very high degree of co-dependent models experience despair, powerlessness and disbelief in their own abilities due to the exhaustion of all means and resources. At the same time, women with a high degree of co-dependent models are more alienated from society, vulnerable to criticism and have a pronounced sense of guilt for addicts' family problems.

Four models of dysfunctional families are characteristic for co-dependent women whose

adult addicted children are undergoing rehabilitation:

- 1) disengaged and rigid;
- 2) disengaged and chaotic;
- 3) enmeshed and rigid;
- 4) enmeshed and chaotic.

The level of family cohesion in co-dependent mothers can be described by two extreme ranges: a tendency towards an enmeshed (merged) level of cohesion (71%) and a disengaged level of cohesion (29%). It should be noted that during the course of the study, not a single respondent showed a balance in terms of dependence/independence (family cohesion).

The level of family adaptability in co-dependent mothers is also expressed by two extreme tendencies: a chaotic level of family adaptation (58%) and a rigid level of family adaptation (42%).

The study identified differences in the manifestations of family adaptability among women with varying degrees of co-dependence. Women with a very high degree of co-dependent models are characterized by an enmeshed (merged) level of cohesion, while women with a high degree of co-dependent models are more likely to have a rigid family structure.

It was also shown that the studied mothers are characterized by a high level of separation anxiety. The data on the "Separation anxiety" scale (41.58 and 19.42) are more pronounced in women with a very high degree of co-dependent models. Separation anxiety is the basis of all addictions, and the intensification of this type of anxiety often provokes depression and psychosomatic diseases [25].

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