

Научная статья | Original paper

## The relationship between adolescents' codependency levels and family relationships

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### Abstract

**Context and relevance.** Adolescence is a critical period for individuals to gain emotional independence and develop their social identity. The quality of family relationships has a decisive influence on the co-dependency tendencies that develop during this period. **Objective.** The purpose of this study is to examine the relationship between adolescents' codependency levels and family relationships. **Hypothesis.** There is a significant relationship between adolescents' codependency levels and family relationships. **Methods and materials.** This descriptive cross-sectional study was conducted in a high school in a city in Turkey during the 2024–2025 academic year. The study sample consisted of students enrolled at the specified school who volunteered to participate. The data were obtained through a Personal Information Form, the Composite Codependency Scale (CCS), and the Adolescent–Parent Relationship Quality Scale (APRQ). Descriptive statistics, t-tests, ANOVA, and correlation analyses were used in data analysis. **Results.** According to the research findings, adolescents' codependency levels differ significantly according to gender, parental education level, economic status, and perceived family-friend relationship level. Male students had higher codependency levels than female students, and as parental education level and economic status improved, codependency scores decreased. **Conclusions.** The results suggest that family communication and parenting styles play a decisive role in supporting adolescents' psychosocial development. Interventions aimed at strengthening family interactions and supporting adolescents' independence are believed to make significant contributions to reducing the risks associated with codependency.

**Keywords:** adolescence, codependency, family relationships, parental education, socioeconomic status, psychosocial development

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### Резюме

**Контекст и актуальность.** Подростковый возраст – важный период, когда человек становится эмоционально независимым и формирует свою социальную идентичность. В этот период особенно сильно влияет качество семейных отношений, которое может способствовать развитию созависимых склонностей у детей. **Цель.** Целью данного исследования является изучение взаимосвязи между уровнями созависимости подростков и семейными отношениями.

**Гипотеза.** Существует значимая взаимосвязь между уровнями созависимости подростков и семейными отношениями. **Методы и материалы.** Это описательное поперечное исследование было проведено в средней школе в Турции в течение 2024–2025 учебного года. Выборка исследования состояла из учащихся школы, которые добровольно согласились принять участие. Данные были получены с помощью формы личной информации, комплексной шкалы созависимости (CCS) и шкалы качества отношений между подростками и родителями (APRQ).

При анализе данных использовались описательная статистика, t-критерий, дисперсионный анализ ANOVA и корреляционный анализ. **Результаты.** Согласно результатам исследования, уровень созависимости у подростков существенно различается в зависимости от пола, уровня образования родителей, экономического положения и уровня восприятия семейных и дружеских отношений. У мальчиков уровень созависимости был выше, чем у девочек, а с улучшением уровня образования родителей и экономического положения показатели созависимости снижались. **Выводы.** Результаты свидетельствуют о том, что семейное общение и стили воспитания играют решающую роль в поддержке психологического и социального развития подростков. Предполагается, что мероприятия, направленные на укрепление семейных взаимоотношений и поддержку независимости подростков, значительно способствуют снижению рисков, связанных с созависимостью.

**Ключевые слова:** подростковый возраст, созависимость, семейные отношения, родительское образование, социально-экономический статус, психосоциальное развитие

**Финансирование.** Данное исследование не получало грантов от каких-либо финансирующих организаций государственного, коммерческого или общественно-коммерческого секторов.

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## Introduction

Codependency is the tendency to sacrifice oneself for the needs and behaviors of another in close relationships. Defined as focusing on the other person at the expense of one's own self, this concept originates from the dynamics of families with alcohol/substance addiction (Whitfield, 1989). Individuals with codependency often neglect their own needs and desires, focusing on maintaining control of the relationship and pleasing the other person (Kaplan, 2023; Ünver, Esen, Üskümen, 2024). This situation poses risks for an individual's identity development and self-integrity, as healthy psychological development requires the ability to define oneself and set boundaries. The literature emphasizes the role of inadequate self-separation and unhealthy family dynamics in the emergence of codependency (Knudson, Terrell, 2012). For example, family-based problems, such as childhood neglect and abuse or unclear parental roles, increase adolescents' risk of developing dependent relationship patterns later in life (Şimşek, Öncü, Kabil, 2020; Ünver, Esen, Üskümen, 2024).

Adolescence involves important developmental tasks such as healthy identity formation, the acquisition of autonomy, and emotional maturation. During this period, young people are in the process of separating from their parents and establishing their own values and goals. From a sociocultural perspective, identity development is completed in the final phase of adolescence, and a sense of identity is achieved in its entirety (Yavuz, Özmete, 2012). Furthermore, adolescents develop independent decision-making skills and an increased capacity to regulate their emotions. Positive outcomes of autonomy development include high self-esteem, a good sense of self, and overall well-being (Özdemir, Çok, 2011). From this perspective, the adolescent's process of gaining identity and autonomy can conflict with co-dependent relationships. A teenager with a tendency toward codependency may struggle to develop an authentic identity because they prioritize their own needs and over-identify with the feelings of others. Dependent attitudes weaken an adolescent's personal boundaries and hinder individual decision-making. Therefore, codependency relationships can negatively impact an adolescent's pursuit of autonomy and emotional individuation. Indeed, many studies have indicated that maintaining a healthy relationship with their family while striving for autonomy has a positive impact on adolescents' mental health and well-being (Özdemir, Çok, 2011).

Family relationships and family functioning are key determinants of adolescent development. The family provides physical and emotional security for adolescents, paving the way for identity formation; otherwise, conflict and adjustment problems can occur. Research shows that healthy family environments, where communication is open and supportive and roles are clearly defined, increase children's self-confidence and sense of responsibility (Karaca et al., 2013). For example, in a study of high school students, Şimşek reported that a perceived family dysfunction was associated with suicidal ideation and attempts in adolescents; this finding emphasizes the importance of family functioning for psychosocial development and mental health during adolescence. When family functioning is weak, adolescents grow up in an environment characterized by frequent conflict, diminished trust, and overly controlling or indifferent parental attitudes. This can disrupt adolescents' emotional stability and increase their susceptibility to dependent relationships. Codependency

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theories also encode deficiencies in conflict resolution skills and excessive mutual self-sacrifice—in other words, extremes in empathy—in family systems (Oakley, 2013). In short, the attitudes and functionality of family relationships strongly influence both the adolescent's identity development and self-integrity.

In the Turkish context, family structure and societal values provide an important framework shaping adolescent-family interactions. Traditionally, family ties are strong in Turkish society, and the approval of relatives and parents is crucial for individual decisions (Özdemir, Çok, 2011). Parental influence is particularly pronounced in young people's choices, especially in rural and traditional communities; it is reported that children and young people growing up in these environments have lower levels of autonomy, and their lives are shaped by their parents' wishes (Özdemir, Çok, 2011). Conversely, as urbanization and education levels increase, adolescents' self-confidence and autonomy levels increase. Parenting styles in Turkey generally tend to be protective and authoritarian; these attitudes can hinder independent decision-making in young people and lead to feelings of excessive dependence on their parents. Furthermore, the collectivist structure and hierarchical values of society can create an atmosphere that limits young people's search for individual identity. Considering all these points, the impact of family relationships on the emotional and social development of adolescents in Turkey may differ significantly from global averages.

In summary, the literature emphasizes that adolescents' family dynamics are decisive in their self-development and independence (Özdemir, Çok, 2011; Şimşek, 2005). In this context, existing research indicates that unhealthy family functioning and attitudes can pave the way for the development of unhealthy attachment relationships in young people. The purpose of this study is to reveal the relationship between adolescents' codependency levels and family relationships in Turkey. In this context, the study will investigate the links between adolescents' codependency tendencies and family functioning, parenting attitudes, and family communication patterns. Thus, the aim is to obtain new findings on relationship patterns from a holistic perspective that considers both adolescent development and family dynamics.

## Materials and methods

This research was designed using a descriptive, quantitative research method. It aims to describe the relationship between adolescents' codependency levels and family relationships.

The research was conducted at a high school in a province located in southeastern Turkey. Due to its location, the school has a student profile that reflects both rural and urban characteristics. This allows for diversity in terms of adolescents' family structures, parenting styles, and social relationships. Furthermore, the students' ages and developmental levels directly align with the research topic. The research period was conducted between October and December 2024, during the 2024–2025 academic year.

The population of this research consisted of all students enrolled in a high school, during the 2024–2025 academic year ( $N = 270$ ). Of these, 188 students were reached, and 171 provided complete and valid responses to the study instruments.

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A non-probability, convenience sampling method was used in sample selection. All students who volunteered to participate and met the inclusion criteria (e.g. being currently enrolled, providing informed consent, and having parental approval for participation) were included in the sample.

No a priori power analysis was conducted because the aim was to reach the maximum number of eligible students within the target school.

Reasons for non-participation primarily included absence on data collection days and incomplete parental consent forms.

All students who volunteered to participate in the study and met the inclusion criteria were included in the study. Inclusion criteria were:

- Students who were currently studying at school at the time the study was conducted;
- Students who had no communication disabilities in terms of hearing, speaking, or understanding;
- Students who volunteered to participate in the study.

Data were collected using a Personal Information Form, the Composite Codependency Scale (CCS), and the Adolescent-Parent Relationship Quality Scale (APRQ).

*Personal Information Form*: This form, developed by the researcher, included a total of 16 questions regarding participants' age, gender, grade, family type, mother and father's education level, parental occupations, economic status, number of siblings, academic achievement, and perceived parent-friend relationships.

*Composite Codependency Scale (CCS)*: The scale was created as a combination of many scales related to codependency and was developed by Marks (2012) to measure the codependency levels of individuals and adapted to Turkish by Ulusoy and Güçray (2017). The scale is a 5-point Likert-type scale (1=completely disagree, 5=completely agree). The minimum score is 15 and the maximum score is 95. High scores obtained from the scale indicate a high level of codependency. The scale consists of 19 items with 3 sub-dimensions. The 3 dimensions determined are as follows: (1) Emotional suppression, (2) Self-sacrifice, (3) Interpersonal control. As a result of reliability analyses, Cronbach's alpha value was found to be 0,75 for dimension 1, 0,76 for dimension 2, and 0,61 for dimension 3. The Cronbach's alpha value for the overall scale was determined to be 0,75. The Cronbach's alpha value obtained from the scales in the study is 0,71.

*Adolescent-Parent Relationship Quality Scale (APRQ)*: The scale consists of 27 items developed by Aktaş (2017) to measure the quality of high school students' relationships with their parents and is applied to high school students. Adolescent-parent relationships scale is answered on a Likert-type, five-point scale. High school students choose the most appropriate rating from the options "Not at all appropriate, not appropriate, partially appropriate, appropriate, completely appropriate". The total score that can be obtained from the scale varies between 27 and 135. Since three of the 27 items in the scale are reversed items, they are scored in reverse. A high score on the scale means that adolescents perceive their relationship with their parents positively. The scale consists of four factors: "support, sharing, closeness and monitoring". The total Cronbach's alpha value of the scale was found to be 0,95 (Aktaş, 2017). The Cronbach's alpha value obtained from the scales in the study is 0,82.

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Data collection tools were administered to students who volunteered to participate in the study in a classroom setting. The researcher provided support and explanations to the students during the survey administration, and the forms were collected in the same session.

Descriptive statistics were used for data analysis. For numerical variables, mean  $\pm$  standard deviation or median (min–max), and for categorical variables, number and percentage (%) were used. Independent samples t-tests were used for comparisons between two groups, and one-way ANOVA was used for comparisons involving three or more groups. Pearson correlation was used for relationships between continuous variables. Statistical significance was set at  $p < 0,05$ .

This research was conducted in accordance with scientific and ethical principles. Ethical approval was obtained from a university's Social and Human Sciences Ethics Board for the study (Protocol Number: E-76244175-050.01.01-156586). Besides, the necessary permissions were obtained from the school administration where the research was conducted. All students participating in the study were included on a voluntary basis. Participants were provided detailed information about the purpose, scope, confidentiality policies, and that the data would be used solely for scientific purposes; data were collected anonymously. Participants' identities were kept confidential, and they were clearly informed that they could withdraw from the study at any time.

## Results

Data on the sociodemographic characteristics of the participants, as a result of the analyses, are presented in Table 1. Accordingly, the mean age of the adolescents in the study group was 15,28 ( $SD = 1,19$ ), with an age range of 14 to 18. Furthermore, it was determined that 75,4% of the participants were female ( $n = 129$ ), 24,6% were male ( $n = 42$ ), 38,6 % of participants' mothers were primary school graduates ( $n = 66$ ), and 54,4 % of participants described their family relationships as "good" ( $n = 93$ ).

Table 1  
Sociodemographic characteristics of adolescents

Characteristics		n	%
Age		$15,28 \pm 1,19$ (Min:14 Max:18)	
Gender	Male	42	24,6
	Female	129	75,4
Mother's education	Illiterate	18	10,5
	Primary school	66	38,6
	High school	42	24,6
	University	45	26,3
Father's education	Illiterate	3	1,8
	Primary school	81	47,4
	High school	36	21,1
	University	51	29,8
	Good	39	22,8

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<b>Family economic status</b>	<b>Average</b>	120	70,2
	<b>Poor</b>	12	7
<b>Family relationships</b>	<b>Good</b>	93	54,4
	<b>Average</b>	69	40,4
	<b>Poor</b>	9	5,3
<b>Friend relationships</b>	<b>Good</b>	99	57,9
	<b>Average</b>	63	36,8
	<b>Poor</b>	9	5,3

As a result of the analyses, the data regarding the scores obtained from the scales are presented in Table 2. Accordingly, the total mean score of the Composite Codependency Scale was found to be  $54,91 \pm 8,41$ . The mean scores of the sub-dimensions of the scale were determined as  $17,31 \pm 2,74$  for Emotional Suppression,  $23,17 \pm 4,84$  for Self-sacrifice and  $14,42 \pm 3,61$  for Interpersonal Control. While the total mean score of Adolescent-Parent Relationship Quality Scale was  $97,07 \pm 21,73$ , the sub-dimensions were support  $47,94 \pm 10,66$ , closeness  $15,82 \pm 2,01$ , monitoring  $10,70 \pm 3,51$ , and sharing  $22,59 \pm 8,76$ .

Table 2

**Average scores of adolescents on scales**

<b>Scales</b>		$(\bar{X} \pm SD)$
<b>Composite Codependency Scale</b>		$54,91 \pm 8,41$
<b>Sub-dimensions of Composite Codependency Scale</b>	<b>Emotional suppression</b>	$17,31 \pm 2,74$
	<b>Self-sacrifice</b>	$23,17 \pm 4,84$
	<b>Interpersonal control</b>	$14,42 \pm 3,61$
<b>Adolescent-Parent Relationship Quality Scale</b>		$97,07 \pm 21,73$
<b>Sub-dimensions of Adolescent-Parent Relationship Quality Scale</b>	<b>Support</b>	$47,94 \pm 10,66$
	<b>Closeness</b>	$15,82 \pm 2,01$
	<b>Monitoring</b>	$10,70 \pm 3,51$
	<b>Sharing</b>	$22,59 \pm 8,76$

As a result of the analyses, the comparison data regarding the participants' sociodemographic characteristics and scale scores are presented in Table 3. Accordingly, the mean codependency score was found to be significantly ( $t = -2,887$ ,  $p = 0,05$ ) higher in male ( $\bar{X} = 58,20$ ) adolescents than in females ( $\bar{X} = 53,73$ ). This difference was particularly pronounced in the "self-sacrifice" subscale ( $p < 0,001$ ). As the mother's education level increased, codependency levels tended to decrease. Significant differences were found between the groups in the total codependency score ( $F = 3,735$ ,  $p = 0,012$ ) and the subscales "emotional suppression" ( $F = 15,617$ ,  $p < 0,001$ ), "self-sacrifice" ( $F = 6,636$ ,  $p < 0,001$ ), and "interpersonal control" ( $F = 4,918$ ,  $p = 0,003$ ). Additionally, significant differences were observed in the total score of the Family Relations Scale ( $F = 5,569$ ,  $p = 0,001$ ) and all of its subscales (support, closeness, monitoring, sharing) (all  $p < 0,001$ ). Similarly, as the father's

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education level increased, significant differences emerged in the levels of codependency, particularly "self-sacrifice" ( $F = 6,540$ ,  $p < 0,001$ ) and "interpersonal control" ( $F = 9,079$ ,  $p < 0,001$ ). The total score of the Family Relations Scale ( $F = 16,871$ ,  $p < 0,001$ ) and its subscales (support, closeness, monitoring, sharing) also differed significantly according to the father's education level.

As the family's economic level decreased, increases were observed in both codependency scores ( $F = 17,860$ ,  $p < 0,001$ ) and family relations scores ( $F = 17,882$ ,  $p < 0,001$ ). It was particularly notable that adolescents with lower economic status had higher codependency and family relationship scores. This difference was statistically significant across all subscales (all  $p < 0,001$ ).

Adolescents who evaluated their family relationships as "good" had lower "emotional suppression" ( $F = 9,917$ ,  $p < 0,001$ ) and "self-sacrifice" ( $F = 23,864$ ,  $p < 0,001$ ) scores, while their family relationship scores were significantly higher (total score:  $F = 123,311$ ,  $p < 0,001$ ). However, no significant difference was found in the total codependency score or the "interpersonal control" subscale based on family relationship quality ( $p > 0,05$ ). Participants who rated their friendships as "good" had lower scores for "emotional suppression" ( $F = 14,927$ ,  $p < 0,001$ ), "self-sacrifice" ( $F = 13,482$ ,  $p < 0,001$ ), and "interpersonal control" ( $F = 6,855$ ,  $p = 0,010$ ). Individuals in this group also scored significantly higher on the family relations scale (total score:  $F = 92,568$ ,  $p < 0,001$ ). The difference for the "closeness" subscale was statistically significant ( $p = 0,060$ ). No significant difference was observed based on the level of friendship in terms of the total codependency score ( $p = 0,713$ ).

Table 3  
Comparison of adolescents' sociodemographic characteristics and scale scores

		CCS	Emotional suppression	Self-sacrifice	Interpersonal control	APRQ	Support	Closeness	Monitoring	Sharing
Gender	Female (126)	53,73 ± 1,17	17,26 ± 2,66	22,21 ± 4,26	14,26 ± 3,62	96,04 ± 24,01	47,02 ± 11,79	15,28 ± 2,04	11,59 ± 3,7	22,14 ± 9,05
	Male (45)	58,2 ± 0,44	17,46 ± 2,99	25,86 ± 5,4	14,86 ± 3,61	99,93 ± 13,62	50,53 ± 5,92	17,33 ± 0,79	8,2 ± 0,4	23,86 ± 7,83
		<b>t = -2,88 p = 0,05</b>	<b>t = -0,40 p = 0,68</b>	<b>t = -4,10 p = 0,00</b>	<b>t = -0,96 p = 0,33</b>	<b>t = -1,33 p = 0,18</b>	<b>t = -2,55 p = 0,01</b>	<b>t = -9,40 p = 0,00</b>	<b>t = 10,11 p = 0,00</b>	<b>t = -1,21 p = 0,22</b>
Mother's education	Illiterate (18)	59,16 ± 5,89	18,16 ± 3,72	25,66 ± 3,44	15,33 ± 0,97	101,33 ± 16,24	49,66 ± 9,0	15,5 ± 0,78	11,83 ± 2,25	24,33 ± 5,2
	Primary school (66)	53,27 ± 9,31	16,5 ± 2,6	21,27 ± 4,32	15,5 ± 4,08	97,45 ± 23,39	49,45 ± 11,12	14,77 ± 2,29	11,68 ± 3,17	21,54 ± 9,11

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	High school (42)	57,0 ± 10,3	19,35 ± 1,73	24,14 ± 6,76	13,5 ± 2,93	86,71 ± 25,0	42,21 ± 12,15	17,07 ± 0,97	8,64 ± 4,0	17,87 ± 9,81
	University (45)	53,66 ± 3,95	16,26 ± 2,13	24,06 ± 2,51	13,33 ± 3,66	104,46 ± 12,87	50,4 ± 6,73	15,82 ± 2,01	10,73 ± 3,16	27,0 ± 6,07
		<b>F = 3,73</b> <b>p = 0,01</b>	<b>F = 15,61</b> <b>p = 0,00</b>	<b>F = 6,63</b> <b>p = 0,00</b>	<b>F = 4,91</b> <b>p = 0,003</b>	<b>F = 5,56</b> <b>p = 0,001</b>	<b>F = 5,90</b> <b>p = 0,001</b>	<b>F = 15,68</b> <b>p = 0,00</b>	<b>F = 7,99</b> <b>p = 0,00</b>	<b>F = 7,83</b> <b>p = 0,00</b>
<b>Father's education</b>	Illiterate (3)	69,0 ± 0,01	20,0 ± 0,01	31,0 ± 0,01	18,0 ± 0,01	78,0 ± 0,01	36,0 ± 0,01	11,0 ± 0,01	13,0 ± 0,01	18,0 ± 0,01
	Primary school (81)	55,70 ± 8,60	17,59 ± 3,01	23,40 ± 5,91	14,70 ± 2,89	87,59 ± 23,64	43,25 ± 11,81	15,40 ± 2,22	9,85 ± 3,76	19,07 ± 8,98
	High school (36)	49,41 ± 7,04	16,58 ± 2,24	20,83 ± 3,55	12,0 ± 2,58	112,91 ± 6,44	54,58 ± 2,5	16,0 ± 1,43	13,66 ± 1,82	28,66 ± 5,17
	University (51)	56,70 ± 7,02	17,23 ± 2,58	24,0 ± 2,59	15,47 ± 4,49	102,05 ± 17,57	51,41 ± 8,42	16,64 ± 1,42	9,82 ± 2,92	24,17 ± 7,91
		<b>F = 10,42</b> <b>p = 0,00</b>	<b>F = 2,135</b> <b>p = 0,098</b>	<b>F = 6,54</b> <b>p = 0,00</b>	<b>F = 9,07</b> <b>p = 0,00</b>	<b>F = 16,87</b> <b>p = 0,00</b>	<b>F = 16,42</b> <b>p = 0,00</b>	<b>F = 11,64</b> <b>p = 0,00</b>	<b>F = 14,29</b> <b>p = 0,00</b>	<b>F = 13,33</b> <b>p = 0,00</b>
<b>Family economic status</b>	Good (39)	56,07 ± 11,18	16,30 ± 3,35	26,92 ± 5,29	12,84 ± 3,04	107,76 ± 8,01	54,07 ± 4,06	17,0 ± 0,97	9,92 ± 2,90	26,76 ± 5,153
	Average (120)	53,32 ± 6,5	17,37 ± 2,47	21,67 ± 4,11	14,27 ± 3,24	91,4 ± 23,14	44,75 ± 10,95	15,32 ± 2,15	10,52 ± 3,59	20,8 ± 9,5
	Bad (12)	67,0 ± 0,01	20,0 ± 0,01	26,0 ± 0,01	21,0 ± 0,01	119,0 ± 0,01	60,0 ± 0,01	17,0 ± 0,01	15,0 ± 0,01	27,0 ± 0,01
		<b>F = 17,86</b> <b>p = 0,00</b>	<b>F = 9,17</b> <b>p = 0,00</b>	<b>F = 24,89</b> <b>p = 0,00</b>	<b>F = 32,33</b> <b>p = 0,00</b>	<b>F = 17,88</b> <b>p = 0,00</b>	<b>F = 25,00</b> <b>p = 0,00</b>	<b>F = 14,28</b> <b>p = 0,00</b>	<b>F = 11,26</b> <b>p = 0,00</b>	<b>F = 9,28</b> <b>p = 0,00</b>

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<b>Family relationships</b>	Good (93)	56,09 ± 10,54	16,93 ± 3,31	25,16 ± 4,78	14,0 ± 4,02	110,61 ± 13,44	54,03 ± 6,67	16,58 ± 1,41	12,19 ± 3,07	27,8 ± 5,70
	Average (69)	53,56 ± 4,70	17,34 ± 1,41	21,17 ± 3,84	15,04 ± 3,19	85,08 ± 15,29	43,26 ± 7,41	14,65 ± 2,25	9,69 ± 2,49	17,47 ± 7,48
	Bad (9)	53,0 ± 0,01	21,0 ± 0,01	18,0 ± 0,01	14,0 ± 0,01	49,0 ± 0,01	21,0 ± 0,01	17,0 ± 0,01	3,0 ± 0,01	8,0 ± 0,01
		F = 2,06 p = 0,13	<b>F = 9,91</b> <b>p = 0,00</b>	F = <b>23,86</b> <b>p = 0,00</b>	F = 1,72 p = 0,18	<b>F = 123,31</b> <b>p = 0,00</b>	<b>F = 123,15</b> <b>p = 0,00</b>	<b>F = 25,14</b> <b>p = 0,00</b>	<b>F = 52,57</b> <b>p = 0,00</b>	<b>F = 77,20</b> <b>p = 0,00</b>
<b>Friend relationships</b>	Good (99)	54,78 ± 10,65	16,6 ± 3,09	24,5 ± 5,30	13,63 ± 3,87	108,63 ± 16,01	53,30 ± 7,22	16,09 ± 2,09	12,06 ± 3,12	27,18 ± 6,50
	Average (63)	55,38 ± 3,70	17,9 ± 1,55	21,76 ± 3,32	15,71 ± 3,08	85,76 ± 14,51	43,38 ± 7,54	15,23 ± 1,88	9,66 ± 2,41	17,47 ± 7,23
	Bad (9)	53,0 ± 0,01	21,0 ± 0,01	18,0 ± 0,01	14,0 ± 0,01	49,0 ± 0,01	21,0 ± 0,01	17,0 ± 0,01	3,0 ± 0,01	8,0 ± 0,01
		F = 0,33 p = 0,71	<b>F = 14,92</b> <b>p = 0,00</b>	F = <b>13,48</b> <b>p = 0,00</b>	F = <b>6,85</b> <b>p = 0,01</b>	<b>F = 92,56</b> <b>p = 0,00</b>	<b>F = 103,84</b> <b>p = 0,00</b>	F = 5,31 p = 0,06	<b>F = 49,83</b> <b>p = 0,00</b>	<b>F = 64,15</b> <b>p = 0,00</b>

Data obtained from the analysis of the relationships between the scales are presented in Table 4. Accordingly, the subscales of the Codependency Scale showed strong positive correlations with each other (emotional suppression and self-sacrifice  $r = 0,370$ .  $p < 0,01$ ; emotional suppression and interpersonal control  $r = 0,533$ .  $p < 0,01$ ). When examining the relationships between the total codependency score and the subscales of the Family Relations Scale, a significant positive correlation was found only with the closeness subscale ( $r = 0,198$ .  $p < 0,01$ ). Correlations between the other family relations subscales and the total codependency score were not statistically significant ( $p > 0,05$ ).

A significant negative correlation was found between the Emotional Suppression subscale and the total family relations score ( $r = -0,294$ .  $p < 0,01$ ) and the support score ( $r = -0,293$ .  $p < 0,01$ ); a negative correlation was also found with the sharing score ( $r = -0,343$ .  $p < 0,01$ ). A weak positive correlation was observed between emotional suppression and the closeness score ( $r = 0,153$ .  $p < 0,05$ ).

A significant positive correlation was found between the self-sacrifice subscale and the closeness score ( $r = 0,247$ .  $p < 0,01$ ). The interpersonal control subscale was found to be significantly negatively correlated with the closeness score ( $r = -0,152$ .  $p < 0,05$ ). These findings indicate that adolescents

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with high levels of emotional suppression and interpersonal control have a low perception of closeness in family relationships, while those with high levels of self-sacrifice have a relatively high perception of closeness.

Table 4

Correlation between adolescents' scale scores

	CCS	Emotional suppression	Self-sacrifice	Interpersonal control	APRQ	Support	Closeness	Monitoring	Sharing
CCS	1	0,770**	0,772**	0,705**	-0,066	-0,058	0,198**	-0,087	-0,104
Emotional suppression		1	,370**	0,533**	-0,294**	-0,293**	0,153*	-0,162*	-0,343**
Self-sacrifice			1	0,174*	0,158*	0,121	0,247**	0,054	0,165*
Interpersonal control				1	-0,142	-0,074	0,013	-0,152*	-0,204**
APRQ					1	0,941**	0,432**	0,721**	0,946**
Support						1	0,280**	0,612**	0,807**
Closeness							1	0,045	0,482**
Monitoring								1	0,630**
Sharing									1

## Discussion

This study investigated the relationship between codependency levels and family relationships in adolescents. and the findings were evaluated in light of international literature. A review of the literature emphasizes that healthy and functional family environments generally support the development of independent self-esteem in adolescents. while dysfunctional families can increase dependent personality traits in adolescents (Krauss, Orth, Robins, 2020). For example, Gönültaş noted that children raised in healthy family environments develop more independence and self-confidence; conversely, adolescents in dysfunctional family environments fail to develop self-esteem and independent self-esteem, and as a result, they may exhibit tendencies to depend on authority figures. From this perspective, the findings of codependency in our study are consistent with unhealthy family functioning. As the level of emotional expression and support received in family communication decreases, adolescents' tendency to feel dependent on their family and their ability to suppress their emotions may increase. Sociologically, in traditional societies with strong family ties (such as Turkey) the clear and rigid nature of family roles can complicate adolescents' individualization process. In particular, intergenerational differences and economic hardships can increase family conflict, negatively impacting adolescents' psychosocial development (Shahhosseini et al., 2013), and may lead to a risk of codependency. Furthermore, our study found that male adolescents scored higher

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than females on total codependency, particularly on the "self-sacrifice" subscale. In contrast, females rated parental monitoring behavior more highly. The literature demonstrates that gender has significant effects on family relationship dynamics. Yu (2022) emphasized that the interaction between adolescent family functioning and social support is particularly pronounced for females, and that gender may play a moderating role in family relationships. Regarding emotion regulation, mothers have been reported to talk more about emotions with their daughters and females are more likely to express their emotions. This suggests that females are less likely to resort to emotional suppression strategies in parental relationships (Lindsey, 2021). These findings suggest that male adolescents are more likely to embrace family expectations and a sense of responsibility, while females tend to express their emotions.

Parental education level and family economic circumstances significantly impacted co-dependency levels and family relationships. Co-dependency scores were higher in adolescents from families with lower education levels and lower socioeconomic status. Karaca (2013) similarly reported that parental education level and income influenced the perception of family functioning and adolescents' interpersonal relationship styles. Furthermore, Li (2024) emphasized that self-confidence was higher in adolescents with higher family socioeconomic status and that higher family socioeconomic status positively impacted adolescents' self-esteem. In light of these findings, it can be argued that higher-educated parents create functional family environments through more conscious parenting approaches, while lower socioeconomic conditions increase stress and conflict, fostering a tendency toward weak attachment in adolescents.

Our study also examined the relationship between adolescents' family relationship quality and peer relationship status and codependency levels. While significant differences were observed in the emotional suppression and self-sacrifice subscales in adolescents with a better perception of family relationships, peer relationship status did not show a direct relationship with codependency. The literature also indicates that strong family ties and emotional support are protective of adolescent health and that parental non-discrimination (e.g. lack of discrimination between girls and boys) has positive effects (Thomas, Liu, Umberson, 2017). Shahhosseini (2013) reported that adolescents expect emotional support and honest communication from their families and that the absence of discrimination (gender discrimination) among family members positively affects adolescent mental health. On the other hand, Yu (2022) emphasized that both social support and family functioning can interact, but this effect may vary by gender. Therefore, while codependency decreases in some subscales (e.g. low emotional suppression) in adolescents with high family closeness and support, addiction symptoms may increase when family support is weak.

Findings obtained within the context of the subscales of codependency. Namely "emotional suppression", "self-sacrifice" and "interpersonal control". Reflect different aspects of adolescent family relationship dynamics. For example, adolescents high in emotional suppression were found to have low perceptions of family support and sharing, while their perceptions of closeness were relatively high. This may suggest that although adolescents who suppress their emotions feel excessively connected (closeness) within their families, their emotional needs are not being met. Various studies have reported that adolescents experience difficulty regulating their emotions when their mothers display negative emotional expressions, and that this tendency to suppress their emotions is associated with depressive symptoms (Buckholdt, Parra, Jobe-Shields, 2014; Yap et al.,

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2010). Conversely, high scores on the "self-sacrifice" subscale were found to be positively correlated with family support and closeness. This suggests that when adolescents feel excessively self-sacrificing, they actually have a high sense of commitment and responsibility to their families. The "Interpersonal Control" subscale was negatively correlated with family sharing and parental monitoring behavior, suggesting that overcontrol tendencies may be related to the perception of inadequate family support and sharing. Overall, the scale subscales should be considered as components reflecting adolescents' psychosocial status, and patterns of suppressing emotions and subordinating one's own needs should be interpreted as signals of family disharmony (Yu et al., 2022).

In conclusion, the findings are largely consistent with general trends in the literature. It has been emphasized that healthy supportive and communicative family environments reduce adolescents' dependency levels; that different sociocultural roles in male and female adolescents are reflected in the dynamics of relationships; and that low education and income levels negatively impact family functioning (Gönültaş, Uzun, Akin. 2021; Li, Xiao, Song, 2024). Furthermore, it should be noted that in societies with intense traditional values and generational differences (such as Turkey). Conflicts with family during adolescence may be more pronounced, requiring particular sensitivity regarding the balance between security and autonomy (Karaca et al., 2013; Shahhosseini et al., 2013). In this context, our findings further underscore the importance of family-based interventions and the need to protect environments conducive to adolescents' emotional expression.

## Conclusions

This study examined the interaction between adolescents' codependency levels and family relationships. The findings showed that gender, parental education level, economic status and family relationship quality have significant effects on codependency. Codependency levels were higher in female adolescents than in males, which can be explained by the influence of gender roles. As parental education levels increased, children's codependency scores decreased. This suggests that more conscientious parenting supports adolescents' emotional independence.

In families with low economic status, financial stress and family tensions increase dependent relationship patterns in adolescents. Conversely, lower codependency levels in adolescents with positive family relationships suggest that supportive and communicative family environments can mitigate these tendencies. Healthy family functioning and secure attachment play a critical role in adolescents' development of autonomy and social skills. These results demonstrate that family relationships are a determining factor in adolescent psychosocial development. In this context, the following recommendations are considered important.

**Individual Level:** Psychological support and guidance services for adolescents should be expanded. Educational programs should be designed to strengthen their self-esteem and emotional skills, and they should be encouraged to participate in activities that improve their communication and stress management skills. Workshops on empathy, problem-solving, and self-awareness should be organized to support adolescents' independent identity development; group activities and mentoring programs should be provided to enhance their social skills.

**Family Level:** Parents should be provided with education and counseling services on family communication, effective parenting strategies and adolescent development. Family therapy and

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counseling support should be increased; activities and programs (e.g. family conflict management seminars) should be organized to positively improve family interactions.

**Educational Level:** Awareness-raising seminars and workshops on family relationships, codependency and adolescent development should be organized in schools through guidance services and psychological counseling units. Teachers and guidance staff should be trained on adolescent development and family dynamics, and they should be equipped with skills to develop early intervention and support strategies.

**Political/Institutional Level:** Family-centered programs should be prioritized in health and education policies; units such as family counseling and youth support centers should be established in community centers. Social support and education programs for families experiencing economic difficulties should be expanded. and opportunities should be provided to raise the education level of families.

**Limitations.** This research has several methodological and practical limitations. First, the study was limited to students from a single high school. This limits the generalizability of the findings and makes it difficult to draw direct conclusions about the levels of codependency and family relationships among adolescents studying in different sociocultural contexts. Second, data were collected through self-reporting by participants. This may partially affect the objectivity of the data due to social desirability bias or individual perception differences. Furthermore, the Composite Codependency Scale and the Adolescent-Parent Relationship Quality Scale used in the study, although valid and reliable instruments, may not fully reflect the multidimensional nature of interpersonal interactions and family dynamics. Third, the study has a cross-sectional design. Therefore, the relationships between variables can only be interpreted at the correlational level, preventing the establishment of a cause-and-effect relationship. Changes in adolescents' family relationships or codependency levels over time can be more accurately analyzed with longitudinal data.

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## Contribution of the authors

Veysel Kaplan — ideas; annotation; writing and design of the manuscript; planning of the research; control over the research.

The author approved the final text of the manuscript.

## Вклад авторов

Вейсел Каплан — идеи исследования; аннотирование; написание и оформление рукописи; планирование исследования; контроль над исследованием.

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## Conflict of interest

The author declares no conflict of interest.

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## Конфликт интересов

Автор заявляет об отсутствии конфликта интересов.

## Ethics statement

The study was reviewed and approved by the Ethics Committee of Harran University (report no. E-76244175-050.01.01-156586).

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