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The Effect Of An Educational Intervention On The Level Of Codependency Among Graduate Counseling Students

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**THE EFFECT OF AN EDUCATIONAL INTERVENTION
ON THE LEVEL OF CODEPENDENCY AND EMOTIONAL
INTELLIGENCE AMONG GRADUATE COUNSELING STUDENTS**

by

DIANNA L. BELYEA

DISSERTATION

Submitted to the Graduate School

of Wayne State University,

Detroit, Michigan

in partial fulfillment of the requirements

for the degree of

DOCTOR OF PHILOSOPHY

2011

MAJOR: COUNSELING

Approved by:

Advisor

Date

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DEDICATION

I dedicate this effort to my wonderful children, Sarah and Russell.

Thank you for your unconditional love, patience and support.

I have been a student for as long as you both can remember.

I am so proud that you both are in graduate school,

Proving that children live what they learn.

ACKNOWLEDGEMENTS

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CHAPTER 1

INTRODUCTION

Counselor education programs systematically endeavor to admit only those candidates who have the personal and professional attributes necessary to become ethical and competent counseling practitioners (Pardee, 2007). The motivating factors that compel students to undertake such a “long and arduous” academic program were examined (Sussman, 1992). Barnett (2007) has recognized that the demand for therapeutic help and applicants to counselor education programs has seen a dramatic increase in recent years. The decision to become a counselor is multifaceted and varies from person to person; diverse motivating influences have been identified: fulfilling a sense of moral duty, expressing compassion, alleviating guilt, resolving one’s own personal conflicts and vicariously experiencing help and comfort. The primary reason that counseling students give for entering the counseling profession is, “to help others” (Norcross & Faber, 2005), yet they have little insight as to why they have this altruistic goal. This finding is reiterated by Barnett (2007); who challenges counselor trainees to examine the personal, cultural, and family factors that have led them to the counseling profession, with the understanding that their decision to become a counselor may be influenced by underlying unexamined motivations.

The counseling profession has endorsed Holland’s (1997) typology approach to career choice. His approach postulated that people are drawn to careers that are an extension of their personality. Holland’s typology has grouped careers into six categories: realistic, investigative, artistic, social, enterprising or conventional. Counseling is encompassed within the social career category which includes individuals who are sociable, nurturing, cheerful, responsible, conservative, achieving, and self-accepting. While having a nurturing personality is an important

trait in a counseling practitioner, some counselors exhibit extreme nurturing tendencies that mimic codependency.

When counselors who are codependent enter the counseling relationship without awareness they may “attempt to control the feelings, actions, and thoughts of the clients through manipulation and compulsive advice giving. These counselors have an exaggerated need to be needed, which fosters client dependency and helplessness” (Pardee, 2007). The therapeutic relationship is the foundation of client growth. The safety of the counseling dyad allows unresolved issues to be examined and the opportunity for the client to learn new, healthier patterns of relating (Pardee, 2007). It is possible for the counselor, along with the client to experience personal growth within the counseling relationship. However, it is essential for therapists to be aware of their personal issues to insure that they do not attempt to fulfill their needs at the expense of the client Corey & Corey, (1998).

Currently there is little consensus among counseling professionals on how codependency should be viewed. Codependency is defined in several ways, including: a disease (Wegscheider-Curse, 1985), personality disorder (Cermak, 1986), or continuous maladaptive relationships with other individuals (Fischer, Spann, & Crawford, 1991). Wegscheider-Curse (1985) combined *behavioral* and *intrapsychic* elements into a definition that also resembles prevailing definitions of chemical dependence (p. 6). She indicated that codependence was a:

. . . specific condition that is characterized by preoccupation and extreme dependence (emotionally, socially, and sometimes physically) on a person or object. This type of codependence can become pathological and influence other relationships. People who are codependent often are delusional, in denial, compulsive, cannot identify their feelings, and have low self-esteem, as well as suffer from stress-related problems. (p. 6)

Codependency is a multifaceted construct that extends beyond substance abuse and can be associated with most addictive behaviors. Counseling professionals from a variety of disciplines have attempted to define the term and determine how best to view the construct.

A review of codependency definitions provided by practitioners and educators has revealed a common assumption. Codependency exists within the members of chemically dependent families (Cermak, 1986). The characteristic of hypersensitivity to the feelings, emotions, and behaviors of others is learned while living with the person who is addicted. The manifestations however become more evident in the context of committed relationships (Cermak, 1986). Paradoxically, sensitivity and awareness of the feelings of others is an important counseling skill and a measure of high Emotional Intelligence.

Emotional intelligence (EI) is defined as an “ability to recognize the meanings of emotions and their relationships, and to reason and problem-solve on the basis of them” (Mayer, Caruso, & Salovey, 1999, p. 267). Goleman (1995) expanded the definition to include the constructs of self-awareness, self-regulation, empathy, social skills, and motivation.

A 1995 cover of *Time* magazine declared emotional intelligence as being perhaps “the best predictor of success in life, redefining what it is to be smart” (Goleman, 1995). Emotional intelligence, as an aptitude for counselors, is listed as a necessary task element in the Dictionary of Occupational Titles (U.S. Department of Labor, 1991). Part of the counseling job description includes, “will assist individuals to understand and overcome social and emotional problems.” Goleman (1995) declared that emotional intelligence is an important determinant of future occupational success and quality of life. Goleman identified some personality traits that were predictive of emotional intelligence, including: empathy, empathic understanding, self-regulation of mood, openness to experience. These traits could be included in a list that describes positive qualities associated with effective counselors. Consequently, people who chose counseling as a career could be expected to have dominant personality strengths that indicate superior emotional intelligence.

Statement of the Problem

Presently the counseling profession is regarded with a high level of esteem among the mental health professions and among the general public. Historically the counseling literature included many personal accounts of the “wounded healer” instances when the therapist would attempt to rework the hurts of their own early lives within the counseling relationship (Sedgwick, 1994). Presently, counseling educators have the responsibility to regulate counseling applicants and students academically and psychologically. Counselor education programs need to be vigilant in safeguarding both the client’s welfare and the counseling profession. Counseling students are expected to manage their personal mental health issues through individual and group counseling while in the counseling program and as counseling professionals.

At Wayne State University, codependency is taught within the substance abuse curriculum in the Counselor Education graduate program. During an intensive workshop on substance abuse, students are provided with an in-depth presentation on the history, scope, and diagnoses of codependency. However, determining the prevalence of codependency through assessment among counseling students is not included during the workshop or at any other time during the counseling program.

Purpose of the Study

The purpose of this study is to examine the relationship between codependency and the attributes of emotional intelligence among graduate level counseling students at Wayne State University. The participants’ levels of codependency were evaluated to determine if the levels of codependency warrant further educational and/or therapeutic interventions through the counselor education department.

A review of the available literature has indicated clear associations between the constructs of Codependency and Emotional Intelligence. Definitions of both terms specify;

nurturance, empathy and the ability to articulate the feelings of others as indicators that the personality traits exist within the individual. However, it is important to delineate which the student is expressing, considering; codependency may be considered a personality disorder while emotional intelligence is considered a personality strength. Levels of emotional intelligence also were measured pre and post the workshop to determine if there is a change following the educational intervention.

If codependency is found to be prevalent among the counseling students, the counseling department may choose to provide opportunities for students to work on their codependency prior to working with clients. The literature reports that emotional intelligence is a personality trait that can be learned and improved upon throughout life, theoretically advanced counseling students who have had more counseling education and practice working with clients should have developed higher levels of emotional intelligence (Martin et al., 2004).

Research Questions

The following research questions were addressed in this study:

1. To what extent does participation in a workshop for substance abuse with a session on codependency change their emotional intelligence?
2. To what extent does participation in a workshop for substance abuse with a session on codependency change the attributes associated with codependency?
3. Is there a relationship between codependency and emotional intelligence? Does this relationship change after participation in a workshop for substance abuse with a session on codependence?
4. Is there a difference in attributes associated with codependency of participants who report having a family member who is addicted?

5. Is there a difference in attributes associated with codependency between participants who are working in the counseling profession and those who are not working in this profession?

Significance of the Study

This study can provide information to university counseling departments to help insure that codependency among graduate level student therapists does not affect therapeutic relationships. The findings of this study may add to the current data used to make admission or curricula decisions within the counseling department.

The professional literature contains a variety of articles exploring the many facets of codependency. However, there is scarce data researching the levels of codependency in counseling students. The primary function of a counselor education program is to train professional, competent, and knowledgeable counselors who are prepared to help individuals achieve optimum mental health. Practitioners need to be prepared to look inward and discover the personality traits and dysfunctional coping styles that may sabotage their counseling practice. If this study indicates a high rate of codependent tendencies among students, the admissions committee may decide that future counselor applicants should be screened for codependent personality traits and/or curriculum changes could be made to address the problem.

Definitions of codependency and emotional intelligence overlap on some very important concepts; empathy, nurturance, and awareness of the emotions of others, are examples of three important counselor traits that are defined in both constructs. Understanding the relationship between emotional intelligence and codependency may be an important step in developing programs to help graduate students become more effective counselors.

Assumptions

The primary assumptions for this study are: (a) by being assured anonymity, participants answered the questions honestly, (b) all persons who participate in the study are graduate counseling students, (c) all participants are capable of understanding and answering the questions, (d) all participants attended the session on codependency.

Limitations

This study was limited to graduate counseling students at one large urban university. Generalizations to other populations must be made with caution. This study was limited to self-report and pencil and paper instruments. Students were not interviewed or observed to determine the extent to which they may exhibit codependency traits.

Definition of Terms

Altruism:	Altruism refers to the practice of unselfish concern for the welfare of others. The American Heritage (2009) dictionary reads: A selfless concern for others.
Attribute:	A quality or characteristic inherent in or ascribed to an individual, (American Heritage Dictionary, 2009).
Countertransference:	The analyst's experience of emotional attachment for the patient, (Chaplin, 1985).
Graduate student:	Any student who has completed a bachelor's degree and is enrolled in a college/university to complete an advanced degree.
Pathological:	Caused by or evidencing a mentally disturbed condition (i.e., a pathological liar; American Heritage Dictionary, 2009)

Transference: In general, any displacement of an affect from one object to another. Specifically, in the therapeutic relationship; the displacement of affect from the parent to the analyst (Chaplin, 1985).

Summary

The premise for the research being considered was covered in Chapter One. The theories of codependency and emotional intelligence are introduced and examined as predictors of counselor personality attributes that may affect success among graduate counseling students. Sections summarizing the statement of the problem, purpose of the study, research questions, significance of the study, limitations of the study, and the definition of terms of the study were included to further provide a foundation for the presentation of the research.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The purpose of this chapter is to provide a comprehensive review of the literature related to codependency and emotional intelligence. The review included juried research studies, information from experts in counseling, and research findings from a recent dissertation. The specific topics included in the review of literature are: theoretical framework, codependency, and emotional intelligence.

Theoretical Framework

The concept of codependency was initially coined to describe the wives of alcoholic men (Edwards, Harvey, & Whitehead, 1973). Two paradigms of codependent personality functioning were originally defined in the literature, both emerged from the alcoholic treatment field. The disturbed personality theory asserted that disturbed women married alcoholic men to cover their own sick and inadequate functioning (Collins, 1993). The second paradigm was stress theory (Edwards et al, 1973). Stress theory did not attribute codependency to a personality dysfunction but rather “as a coping mechanism developed to maintain family functioning and stability” (Collins, 1993). The expanded definition of codependency encompasses any relationship in which there is a loss of self. Commonly codependent individuals are not aware of their own thoughts and feelings because they are so other focused and dependent on others for personal need fulfillment (Fischer & Crawford, 1992).

For the purpose of this study, the theoretical framework of Cermak (1986) was utilized.

Cermak’s definition of codependency states:

Codependence is a recognizable pattern of personality traits, predictably found within most members of chemically dependent families, which are capable of creating sufficient dysfunction to warrant the diagnosis of *Mixed Personality Disorder* as outlined in DSM III. (p.1)

The rationale for adopting Cermak's theoretical framework is its ability to fulfill three important objectives. Specifically, this framework provides a way for counselors to communicate, offers diagnostic criteria for research, and allows clients to converse with health care providers (Cermak, 1986). Cermak has developed a comprehensive theory while most other codependency authors have provided definitions.

Codependency

The term codependency originated from the recovery tradition of Alcoholics Anonymous (AA); originally the term was co-alcoholic referring to the nondrinking family member who enabled the alcoholic to drink with minimal consequences. In the 1980s, the term *codependent* was introduced to describe similar behaviors that encompassed a larger group of people.

The origins of codependency are believed to be the repression of feelings associated with observing disturbing behaviors in a parent, feeling that life is unmanageable, and being fearful of societies' reactions to their family situations. Many codependents have had their feelings invalidated enough times by others that eventually they invalidate themselves.

Disagreement exists in the mental health community on whether codependency is a disease, a condition, or a normal response to abnormal people (Beattie, 1989). Cermak (1986) defined three levels of meaning for codependency; (a) a didactic tool, (b) a psychological concept, or (c) a disease entity. As a didactic tool, codependency legitimizes the concerns of family members related to the alcoholic. The diagnosis of codependency gives the family member something from which to recover. As a psychological disorder, the codependent is given a diagnosis that provides the therapist with treatment options based on researched interventions. As a disease entity, codependence allows clinicians to diagnose consistent patterns of behavior that are recognized as actively supporting the maladaptive behavior (Cermak, 1989).

Similar personality constructs have been identified in the codependency literature to describe people who could be diagnosed as having a codependent personality disorder or are in denial of their own codependent style of functioning. Cermak (1986) stated:

It is a painful irony that many co-conspirators (a term used to define a sub-group of codependent persons) become professionals in the chemical dependency field out of concern for the harm that drugs and alcohol are doing to this country and to family life in general. (p. 37)

According to Cermak, these individuals do not recognize their own pathological functioning. The codependent personality constructs of empathy, focus on others, tolerance, and caretaking can be mistakenly viewed as efficacious personality traits in a counselor. The principal difference is the degree and motivation for the focus on the “other” in the counseling relationship, the purpose is an altruistic or professional one. In a codependent relationship, one person sacrifices his/her identity to maintain the dysfunctional bond.

Codependent Personality Disorder has not been recognized as a separate personality disorder at this time. Little consensus has been found among the experts regarding how codependency should be viewed (Cermak, 1986).

Although the majority of the literature describes codependency as a psychological disorder, some theorists believe that codependency is a social disorder caused by societal inequities. Granello and Beamish (1998) considered codependency to be an example of how society’s problems are attributed to family and individual pathology. Cowan (1995) suggested that symptoms associated with codependency are adaptive behaviors of people in a subordinate position.

Cermak (1989) has theorized that the codependent client and the mental health community would benefit from Codependency being identified as a personality disorder in the DSM-IV. The diagnostic criterion put forth by Cermak (for consideration by the review board of

the DSM-IV) includes:

Proposed Diagnostic Criteria for the Codependent Personality Disorder

- A. Continued investment of self-esteem in the ability to control both oneself and others in the face of serious adverse consequences.
- B. Assumption of responsibility for meeting others' needs to the exclusion of acknowledging one's own.
- C. Anxiety and boundary distortions around intimacy and separation.
- D. Enmeshment in relationships with personality disordered, chemically dependent, other co-dependent, and/or impulse disordered individuals.
- E. Three or more of the following:
 1. Excessive reliance on denial
 2. Constriction of Emotions
 3. Depression
 4. Hypervigilance
 5. Compulsions
 6. Anxiety
 7. Substance Abuse
 8. Has been (or is) the victim of recurrent physical or sexual abuse
 9. Stress related medical illness
 10. Has remained in a primary relationship with an active substance abuser for at least two years without seeking outside help. (p. 11)

According to the DSM IV the criteria for a diagnosis of a personality disorder requires that a personality trait become, "inflexible and maladaptive and causes either significant impairment in social or occupational functioning or significant subjective distress." The DSM-IV states that personality traits are "enduring patterns of perceiving, relating to, and thinking about the environment and oneself ... exhibited in a wide range of important social and personal contexts."

Springer, Britt, and Schleker (1998) asserted that the dilemma in the empirical research of codependency is the lack of reliable and valid information regarding assessment instruments. Springer (1998) has written extensively on the topic of codependency. He and his colleagues developed the Codependency Assessment Inventory (CAI) to advance such research (Springer et al., 1998). Research validating the instrument includes a study by Clark and Stoffel (1992) who found that moderate to severe codependency is related to low self-esteem and high external locus of control.

The Springer et al. (1998) study was undertaken to provide empirical data to assess the characteristics of codependency and contribute to the reliability and validity information for Friel's (1985) measure of codependency. The CAI was correlated with relevant personality measures (e.g., self-esteem, self-consciousness, impression management orientation, and internal locus of control), attachment styles (e.g., secure, anxious, and avoidant), and perceptions of relationships (e.g., interpersonal connectedness, relationship empathy, caring, supportiveness, competitiveness).

The participants in the study were enrolled in undergraduate introductory psychology classes, and had to be "dating someone in particular" at the time of their participation. A total of 217 undergraduate students (52 male and 165 female) participated in the study. The students completed paper and pencil questionnaires that took approximately 40 to 50 minutes (Springer et al., 1998).

The Springer et al. (1998) study confirmed a strong correlation between codependency and low self-esteem. Codependency was positively correlated with anxious/ambivalent and avoidant attachment style, and a confirmed significant negative attachment style. Additionally, codependency was related to strong empathic reactions to the emotions of the partner and feelings of little control of their relationships. Personality measures were positive for external

locus of control, public self-consciousness, and social anxiety. Contrary to the original hypotheses, the study did not find a significant difference in codependency scores for males and females.

Counseling implications from the Springer et al. (1998) study included four therapeutic interventions for counseling codependent clients: (a) improving self-esteem, (b) increasing self-control in their personal relationships, (c) promoting a sense of self-efficacy, and (d) learning to focus on an internal locus of control. Clients can benefit from recognizing the difference between taking control of their lives and the futility in trying to control somebody else's life.

Crestor and Lombardo (1999) conducted a study examining codependency in a college population. Study participants included 165 undergraduate general psychology college students (58.1% males and 41.9% females), with a median age of 19 years. Participants were questioned about their familiarity with the construct of codependency; with 50 % of the participants reporting familiarity with the term *codependency*.

The Codependency Self-Inventory Scale (CSIS; Weinhold & Weinhold, 1989) was completed by the students. The CSIS included 22 test items, within four response categories ranging from low, low-middle, high- middle, and high. Additionally, respondents answered two survey items; "To what extent would you characterize your significant relationships as codependent? . . . [and] At any time in your life have you been in a relationship (child/parent, husband/wife, girlfriend/boyfriend, etc.) with a substance abuser (alcohol/drugs) that lasted a year or more?" (Crestor & Lombardo, 1999, p. 631).

The findings of the study were contrary to the commonly held assertion that females are much more likely to be codependent than men. The self-inventory scale indicated that 85% of the males and 76% of the females were classified "High/Middle" in codependency. The codependency scale items that students most related to their own lives were: assuming

responsibility for other's feelings; obtaining self-worth through the opinions of others and; to gravitate toward relationships where one feels needed, (Crestor & Lombardo, 1999).

One explanation for the findings in this study is that that these female college students have not experienced the "oppression" that less educated women may endure. Haaken (as cited in, Crestor, 1999) characterized codependency as "the emotional condition of the oppressed, a care-taking identity forged out of the adaptive necessity appeasement, and covert manipulation."

The high proportion of students that identified themselves as codependent may indicate a need for an educational intervention for this student population. The study has indicated misconceptions regarding the diagnosis and the use of the term codependency. Counselors may use this opportunity to educate students regarding the overuse of the term and more importantly positive relationship skills. The ethnicities of the students who participated in the study may have had an unforeseen affect on the results. A large segment of the sample was Asian American (45.2%), and their experiences in their family of origin may have played a role in their codependency.

Dear and Roberts (2002) addressed issues indicating that the codependency model pathologies' traditional female roles. Leading authors and theorists of the codependency literature (Beattie; Cermak; Melody; Whitfield as cited in Dear & Roberts, 2002,) asserted that all members of any family in which one member has an alcohol or other drug problem can be expected to exhibit signs of codependency. The literature also suggested that studying codependency with one universally accepted definition could be beneficial to all practitioners within the field.

Despite the lack of a universal definition, several critical reviewers have agreed upon the core characteristics of codependency, (Gordon & Barrett; Hands & Dear; Morgan; O'Brien & Gaborit as cited in Dear & Roberts, 2002,). The most common theme throughout the literature is

an excessive reliance on other people for approval and identity. Other common themes are: to put the needs of other people ahead of one's own and "caretaking" (taking responsibility for regulating another person's behavior) and "rescuing" (fixing up the damage caused by another person's irresponsible behavior). These characteristics closely resemble traditional female roles, if they are defined as pathological, the focus of the real problem will be lost; the need for social change (Hands & Dear, 1994, p. 442).

Dear and Roberts (2002) explored the relationship between codependency, femininity, and masculinity. A total of 192 Australian first year university students (43 men and 149 women), ranging in age from 17 to 52 years, participated in the study. Forty-nine (25.5%) were currently married or living together, 49 (25.5%) were in a relationship but residing separately from their partners and the remaining 94 (49%) were not in a relationship (this category also included people who were divorced or separated).

The Holyoake Codependency Index (HCI) is a 13-item self-report measure of codependent traits that was developed by Dear and Roberts (2000). The HCI is comprised of three subscales: external focus (dependency on others to obtain approval and a sense of self), self sacrifice (the belief that other's needs are more important than one's own), and reactivity (the degree to which one feels overwhelmed by a partner's problematic behavior).

The hypothesis that codependent attitudes were associated with gender-role identification was endorsed by the study. The sub-scale of external focus was the only scale that showed a gender difference, indicating that more females were dependent on others for approval. The study determined that higher levels of codependency were identified among women than among men, which underscores the concern of the feminist critics. The data suggests that the traditional roles related to women (e.g., nurturance, concern for others) may increase the self-sacrifice scores and lead to a diagnosis of codependency. The authors have suggested further studies using

more diverse populations; perhaps psychology students do not display a diverse range of gender-role identification.

Dear and Roberts (2002) conducted a study of college students to reanalyze the reliability of the HCI. The sample included 107 undergraduate university students and 378 other people who were snowball sampled from the student population. The study concentrated on external focus and self sacrifice, reactivity was not studied due to the large number of participants not currently in a relationship. The hypothesis that codependent beliefs and attitudes are associated with gender-role identification was true in the sub-scale of external focus. Women were more likely to rely on others for approval and to be self-sacrificing, characteristics that are closely associated with timidity, anxiousness, and dependence. The gender differences that were identified in this study, reflected higher levels of codependency among the women, however the differences were not strong enough to conclude that codependency is strictly a way to negatively define women. The authors noted that male and female psychology students may not represent the general population. Perhaps women psychology students are less codependent than other women, and men college students are more codependent than are other men (Dear, 2002).

Fuller and Warner (2000) investigated family stressors as a predictor of codependency. The authors reiterated what other researchers have said, that it is difficult to study a problem, when the professionals cannot agree upon a definition. Various definitions describe the problem: (O'Brien & Gaborit, 1992) state that codependency involves a learning system in which family habits are passed down, one generation teaches those behaviors to the next generation, (O'Brien & Gaborit, 1992) Codependency involves relationship patterns, with two people meeting each other's needs in dysfunctional ways (Whitfield, 1991) Codependency is a preoccupation, possibly an addiction with the lives of others.

Women have traditionally been the caretakers of the family. Current definitions of codependency have described caregiving as pathological, it is important that women are not victimized by the lack of delineation between; nurturing the family and codependency (Fuller & Warner, 2000). Participants in the study included 257 undergraduate students, currently enrolled in an Introductory Psychology course; 176 of the subjects were women and 81 men. The students completed demographic information, codependency scales and assessments of three types of family stress (physical illness, mental illness, and alcoholism). Each of the study participants completed The Spann Fischer Codependency Scale and the Potter-Efron Codependency Assessment; these instruments were used to measure codependency. Each subject was asked if either parent had any chronic physical illness, (such as cancer, or heart disease, diabetes, multiple sclerosis, and so forth). A second question asked if either parent had a chronic mental illness such as (schizophrenia, severe depression, bipolar disorder, and so forth). The Michigan Alcoholism Screening Test (MAST, Selzer, 1971) was used to measure the alcohol use of both parents. Study participants completed the surveys as if they were their parent. The authors hypothesized that codependency scores would be higher for students with alcoholic, physically ill, or mentally ill parents. A family was identified as “stressed” if one or both parents had any one of the problems. A family was “unstressed” if none of these parent problems were reported (Fuller & Warner, 2000). Results of the analysis indicated that any one or a combination of the stressors increased the levels of codependency for all participants. The Spann-Fischer Codependency Scale, scores indicated significantly higher scores for the women than the men. The Potter-Efron Codependency Assessment, scores showed only a slight difference for women and men, women being more codependent than men. (Fuller & Warner, 2000).

The findings of this study were predicted by the authors; students from families with familial stress were more codependent than students without familial stress. The authors

questioned whether codependency should be viewed as pathological, because the levels of codependency appeared to be understandable according to the amount of stress the family was experiencing. The traditionally female role of caretaking appears appropriate to the environment and the situation. The authors suggest that the definition and diagnosis of codependency, distinguish between caregiving and pathological relationship patterns (Fuller & Warner, 2000).

Longhead, Spurlock and Ting, (1998) conducted an investigation of codependence using the Millon Clinical Multitaxial Inventory-II (MCMI-II). The purpose of their research was to clarify whether codependency should be defined as a personality disorder with diagnostic criteria in the style of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). Cermak (1986) was the first to argue that codependence is both a personality trait and a personality disorder, which is compatible with the concept used by the DSM-IV; American Psychiatric Association (APA, 1994).

Cermak (1986) believes that codependence is often discounted as “a condition of the 20th Century” dismissed due to the overuse and misunderstanding of the term. Cermak (1986) believes that is precisely why codependency needs specific diagnostic criteria that provide therapists a tool to get help for clients. The trait of codependency is common; a trait is defined as “enduring patterns of perceiving, relating to, and thinking about the environment and oneself.” Personality traits become disorders when they are “inflexible and maladaptive and cause significant impairment in social or occupational functioning or significant subjective distress”(Cermak, 1986 p.9).

Study participants were recruited from 12-Step programs in the community. The advertisement described a research study for individuals struggling with codependence. The final number of participants that were chosen for the study was 37 self-identified codependents: the

comparison group was 30 graduate counseling students. Both groups were administered the MCMI-II and the Spann-Fischer Codependency Scale.

The study findings indicated that the codependent group reported problematic avoidant and self-defeating coping and interpersonal behavior, they had a tendency to be guarded, interpersonally, aversive, and cognitively distracted. They exhibit an alienated self-image, disturbing internalization, agonizing mood, and a desire to relate to others which is denied. Of all the personality disorders, the codependent most closely related to the Dependent Personality Disorder (Cermak, 1986). Self-identified study participants did not meet the criteria for a diagnosis of a personality disorder; because their ability to function and make decisions in their daily life was not significantly impaired (Longhead, Spurlock and Ting, 1998).

The study did however identify two areas in which counselors can help self-reported codependent clients. The codependent individual appears to need to develop a positive, solid self-image. Many codependent individuals have focused on the likes and dislikes of others and do not know how to identify their own wants and needs. Longhead (1998) also identified the need for relationship skills. Clients may need to learn what a healthy bond is and how to manage conflict.

A dissertation, entitled *Codependency in Master's Level Counseling Students* (Pardee, (2007) surveyed 275 master's level students: 155 incoming and 120 exiting students. Research questions included: (a) What is the level of codependency in master's-level counseling students? (b) Is there a significant difference in level of codependency between incoming and exiting master's level counseling students? (c) Is codependency related to age, gender, or religious preference? The researcher listed; that the paucity of research regarding the codependency among counseling students, the need to determine the "goodness of fit" for counseling

applicants, and the obligation to protect client's from a therapist that encourages dependency as the rationale for the study (Pardee, 2007).

A description of the study participants included; age range 22 to 63 years of age, mean age was 36.54: gender (82.5%) female, (17.8%) male: ethnicity Caucasian (77.8 %), African American (18.2%), Hispanic (1.5%), other (1.8%). The setting for the study was a Free Methodist University, a small Christian university located in the mid-west.

Participants were administered the Codependency Assessment Tool (CODAT) the possible range of scores was from 25 to 125. The mean score of the 275 respondents was 48.99 ($SD=12.04$) with scores ranging from 26.0 to 92.0. Levels of codependency have been assigned to score ranges (Pardee, 2007): Minimal (25 to 50), Mild to Moderate (51 to 75), Moderate (75 to 100), and Severe (100 to 125).

According to this classification system the majority of the students scored in the minimal range with no students scoring in the severe range. There was no difference between incoming and exiting students on the composite CODAT score (Pardee, 2007). However, there was a significant interaction between student status and age. Within the 22 to 27 age group, the incoming students scored significantly higher ($M=51.40$) than the exiting group of the same age range ($M=40.65$). Additionally, for exiting students the 22 to 27 age group was found to have low self-worth when compared to 28 to 34 age range; while the incoming 22 to 27 age range reported more positive self-worth when compared to the incoming 28 to 34 age range.

This self-report study did not indicate a high level of codependency among master's level counseling students. However, the mean score of 48.99 is one point from the next category which is mild to moderate range, indicating that tendencies toward codependency are present. Among individual students there were no students that scored in the severe range, yet 10 students scored in the moderate range, which is a concern for the individuals involved.

There is a considerable amount of literature on codependency as it relates to individual functioning in family and social relationships. However, little research is available with respect to how codependency may affect the choice of an education or career in counseling.

Emotional Intelligence

Emotional Intelligence (EI) is a theory that has been identified in the professional literature for more than a century. However it was not until the publication of Goleman's book, *Emotional Intelligence* in 1995, that a demand for significant research was sparked. Goleman (1995) has submitted an historical outline of emotional intelligence from 1900-present:

1900-1969: Emotions and intelligence were viewed as two separate areas. Research involving the concept of intelligence focused on the capability of an individual to reason abstractly. During this time, emotions were thought of as physiological responses to an external event. Research investigated what happens first, the emotional feeling or physiological responses to an external situation. A second investigation of emotion was an examination of Darwin's theory of emotions to determine if emotions were universal in nature and expanded across species or if emotions were cultural specific and idiosyncratic.

1970-1989: Emotions and intelligence were integrated into a new area of research. This research was the foundation of emotional intelligence: the capability to apply rational thought to an irrational emotion. There was no clear definition of emotional intelligence; however research by Howard Gardner (multiple intelligences) emerged. In Gardner's work, there is a discussion of the Social Intelligences which include intrapersonal intelligence (the ability to know the feelings of others). Gardner did not look at inter and intrapersonal intelligences as a form of intelligence alone, but as a form of social intelligence.

1990-1993: A formal theory of emotional intelligence was developed. A demonstration study conducted by Mayer and Salovey was published and a measure of emotional intelligence was developed.

1994-1997: The term, emotional intelligence, was popularized by Goleman. Many character and personality traits were included in this model of emotional intelligence, which were loosely related to the academic model.

1998-Present: Theoretical research advancements are published. New measures of emotional intelligence were developed to improve the validity of emotional intelligence as a distinct type of intelligence.

Experts in the field of emotional intelligence have divergent definitions of the construct.

Experts have defined two separate accepted models (Mayer, Salovey, & Caruso, 2000). One is

the ability model, which describes *emotional intelligence* as a type of intelligence. The second model, the mixed model, considers emotional intelligence as a personal characteristic or a trait of an individual. Emotional intelligence “refers to an ability to recognize the meanings of emotions and their relationships, and to reason and problem-solve on the basis of them” (Mayer, Salovey, & Caruso, 1999).

The two models of emotional intelligence, ability model and mixed model include varied personality dispositions. The ability model of emotional intelligence is defined as “a set of abilities and makes claims about the importance of emotional information and the potential uses of reasoning well with that information” (Cobb & Mayer, 2000). The ability model consists of four branches, each representing a separate mental ability; Branch one, emotional perception, involves various abilities regarding the identification and expression of feelings in oneself and others (Caruso, Mayer, & Salovey, 1999). Branch two, is referred to as emotional facilitation; the assimilation of thoughts into mental life. Branch three, includes the ability to process emotions cognitively. The fourth branch, emotional management involves the management and regulation of emotions in oneself and others. The ability model is viewed as a personality attribute that can help individuals process and adapt to a continuously changing world (Caruso, Mayer & 1999).

The mixed models of emotional intelligences are based on various psychological attributes (Caruso, 1999). Goleman’s (1995) mixed model approach to emotional intelligence consists of five domains: (a) self-awareness, (b) self-regulation, (c) motivation, (d) empathy, and (e) social skills (Goleman, 1995). Goleman has theorized that emotional intelligence is the greatest predictor of success. Bar-On (2000) developed another mixed model of emotional intelligence. The model is comprehensive and includes five-broad, non-cognitive categories: (a) intrapersonal skills, (b) interpersonal skills, (c) adaptability, (d) stress management, and (e) general mood regulation.

Goleman (1998) suggested that 80% of the variance, of the levels of success that could not be explained by IQ, could be attributed to the characteristics that define emotional intelligence. Goleman (1998) stated:

Emotional Intelligence (EI) in the cognitive sense refers to the capacity of using one's emotions in a cognitive manner. It is the ability of individuals to understand themselves as well as understand the dynamics and the emotions of others. Emotional intelligence is described as the abilities that are distinct from, but complimentary to academic intelligence, the purely cognitive capabilities measured by IQ. (p. 34)

Martin, Easton, Wilson, Takemoto, and Sullivan (2004) studied the salience of emotional intelligence as a core characteristic of being a counselor. Four hypotheses were examined in the study:

1. Counselors and counseling students would exhibit higher levels of emotional intelligence when compared with more heterogeneous sample individuals, as measured by the Emotional Judgement Inventory normative sample.
2. If emotional intelligence is an early developed, enduring personal characteristic that plays a role in helping one to chose a career in counseling, then students preparing to be counselors and practicing professional counselors should not differ considerably.
3. Counseling students and professionals should differ on the learned personal characteristic of counseling self-efficacy. Students should reflect less counseling self-efficacy than do practicing counselors.
4. Emotional intelligence is hypothesized to provide incremental validity in predicting counseling self-efficacy (Martin et al., 2004).

Study participants included 66 counseling students and 74 professional counselors. Each participant was administered the Emotional Judgement Inventory (EJI; Bedwell as cited in Martin et al., 2004) and the Counseling Self-Estimate Inventory (COSE; Larsen as cited in Martin et al., 2004) that measures constructs of emotional intelligence and counselor self-

efficacy, respectively. The current study compared the professional and student counselors to a norm sample. The norm sample that was used for the EJI was comprised 1,283 people who were predominantly Caucasian and female.

The research findings showed support for three of the four hypotheses. The counseling students and professional counselors demonstrated higher levels of emotional intelligence, when compared to the norm sample group. The second hypothesis was partially shown to be true. The practicing counselors did have higher scores on the measurement of emotional intelligence. However, the scores were not divergent enough to be considered statistically significant. The third hypothesis was supported in the study. Practicing counselors revealed more counseling self-efficacy than counseling students. The fourth hypothesis stated that emotional intelligence would provide incremental validity in predicting counseling self-efficacy. There was evidence to support this hypothesis. The Emotional Judgement Inventory factor, Identifying Own Emotions, was significant for all three group configurations (Martin et al., 2004).

Emotional intelligence was shown in this study to be a core attribute of the counseling profession. The implications of this study may affect who is recommended into a counseling education program, and who can become highly successful in the profession. An important question for further study is; can emotional intelligence be taught? Currently Holland's Career Typology is one tool used by career counselors to help determine the appropriate aptitude for specific careers. The Social personality type and the pattern of Social/Artistic/Enterprising is the typology for the counseling profession. (Holland, Powell, & Fritzsche, 1994) The significance of this study may justify adding the construct of emotional intelligence to the battery of tests used to determine who is an appropriate candidate to enter the counseling profession (Martin, et.al. 2004).

Easton, Martin, and Wilson (2008), undertook the task of repeating the study on Counselor Preparation: Emotional Intelligence and Implications for Counseling Self-Efficacy. The original study was implemented nine months prior to this study. The researchers attempted to measure the growth of emotional intelligence (EI) and counseling self efficacy (CSE) now that the counselors in training were enrolled in their practicum or internship courses. The current study consisted of 92% practicum and internship students, compared to 19% in the original study (Easton et al., 2008).

The four hypotheses tested in the current study were:

1. There will be significant positive correlations between perceived EI and CSE.
2. From Phase I and Phase II, the perceived CSE of counselors-in-training would increase more than that of the practicing professional counselors.
3. There will be significant differences in perceived CSE and EI between counselors-in-training and professional counselors at phase II.
4. On the basis of findings from Phase I (Martin et al., 2004), which suggested that EI may be a core attribute inherent in individuals who have chosen counseling as a career, there would be a moderate (.40-.70) correlation between Phase I and Phase II scores for each of the EJI for professional counselors and counselors in training.

One hundred-eighteen, 84% of the Phase I participants, participated in phase II. The breakdown included 66 professional counselors and 52 counselors in training. The testing instruments included the COSE and the EJI.

The study found a strong relationship between Counseling Self Efficacy (CSE) and Emotional Intelligence (EI), which supports the findings of the first study. The perceived CSE increased more for the counselors-in-training than for professional counselors, which was predicted by the researchers. The trainees had advanced to practicum or internship that gave

them an opportunity to use their counseling skills, and confirm for themselves that they can put into practice their newly acquired skills. The third hypothesis stated that practicing counselors would have a significantly higher CSE that was found to be true. Practicing counselors were also found to have a higher EI than the trainees, this was especially true when EI was being used to problem solve. This is notable because it suggested that EI is a competency that can be developed through instruction, practice, and experiential learning (Martin et al., 2004).

Emotional Intelligence (EI) continues to be studied by researchers attempting to determine if Goleman's (1995) claim is true, that "Emotional Intelligence may be the best predictor of success in life, redefining what it means to be smart. EI can predict success at home, at work, and at school, as well as or better than IQ."

Barchard (2003) conducted a study to determine if Emotional Intelligence can help to predict academic success? The literature on EI revealed three studies on the predictive validity of EI on academic success. Researchers of the published studies used self-report measures while Barchard used the Mayer Salovey-Caruso Emotional Intelligence Test (MSCEIT) a maximum-performance test based on the premise that EI is a cognitive ability. The test consists of 12 subtests organized into four areas. The Blends, Progressions, Transitions, and Analogies were designed to measure emotional understanding. The Synesthesia, Facilitation, and Sensation Translations were developed to measure one's ability to integrate one's thinking about emotions and physical sensations. The Faces, Landscapes, and Designs measure emotion perception. Lastly, the Emotion Management and Emotions in Relationships subscales were designed to measure emotional management. This comprehensive test of Emotional Intelligence has 294 items, which takes over an hour to administer (Barchard, 2003). This time commitment may preclude it from many research studies.

The three studies cited in the research found a significant correlation between EI and academic success. This is contrary to what was discovered by Barchard. All of the studies used university undergraduate students as research participants.

Barchard researched three domains that are believed to be predictors of academic success: (a) cognitive ability (b) personality, and (c) Emotional Intelligence. Each domain was tested separately and in relationship with the other domains. Cognitive ability and personality were found to have academic predictive validity, while EI did not. However, individual subtests, when added to cognitive ability did have predictive validity. Six of the seven subtests that positively predicted academic success all had significant correlations with verbal ability while one indicated positive expressivity.

A major limitation of this research is the population studied. The outcome may be different if a random sample of the adult population was tested. This study cannot be generalized outside of current college students, the assumption being that college students have higher cognitive abilities than the average person.

Summary

This chapter has provided a detailed analysis of the current literature as it pertains to codependency and emotional intelligence. The theory of codependency has provided professional counselors an explanation for the feelings, behaviors, and systemic dysfunction which is the life of people who love an addicted person. The literature continues to disagree regarding the definition and the diagnosis of codependency, but there is agreement in the need for continued research and help for those experiencing the effects of codependent functioning.

Emotional Intelligence a theory that has gained popularity in the past decade, describes capabilities that have been recognized as important characteristics in the counseling profession.

Research has provided instruments that help to determine the level of emotional intelligence a person possesses, a tool that can be used by career counselors.

This study added to the existing research on codependency, emotional intelligence, and the relationship between the two. The study determined if the levels of codependency and emotional intelligence change due to the learning provided by the substance abuse workshop.

CHAPTER III

METHODOLOGY

Introduction

This chapter presents the methodology that was used to collect and analyze the data needed to address the research questions and associated hypotheses developed for this study. The topics that are included in this chapter are: restatement of the problem, research design, setting for the study, participants, instrumentation, data collection procedures, and data analysis.

Restatement of the Problem

The purpose of this study is to examine the relationship between codependency and the attributes of emotional intelligence among graduate level counseling students at Wayne State University. If codependency is prevalent among counseling students, the counseling department may provide opportunities for students to work on their codependency issues before working with clients. The possibility of transference could be minimized and the professional relationship would not be jeopardized. To determine the extent to which participants related to the concepts associated with codependency and emotional intelligence, they completed a short demographic survey and two instruments designed to measure levels of codependency and emotional intelligence prior to the beginning of the workshop and again at the completion of the workshop. The scores from pretest to posttest may provide evidence of change in their levels of codependency and emotional intelligence.

Research Design

A quasi-experimental research design was used in this study. This study is a one-group pretest-posttest design (Cambell & Stanley, 1963). The study is quasi-experimental because of the lack of a control group. Figure 1 presents a graphical representation of the research design.

O ₁	X	O ₂
O ₁	Pretest	
X	Experimental Treatment	
O ₂	Posttest	

Figure 1: One-Group Pretest-Posttest Design

This type of research design is subject to threats regarding internal and external validity. The first threat is history, where events from pretest to posttest may occur in addition to the treatment that could affect the participants' responses to the surveys. As the treatment in this study is three consecutive days in September and three consecutive days in October, participants may have encountered an event that affected the posttest results. Maturation is another threat that could affect this type of design. However, this study involves adults, with relatively little developmental changes occurring in a one-month period. Testing is a threat that could affect posttest outcomes as participants can learn from the pretest and their scores on the posttest could reflect that learning. The use of analysis of covariance procedures to test the hypotheses can control for this threat to the internal validity of the research design. Instrumentation is not considered to be a threat to this study as the researcher is using quantitative measures to collect data and does not plan to do any type of interpretation to obtain scores that could change from pretest to posttest. As the present research design can control for the threats to the internal and external validity of the study, the interaction among these items also is controlled.

Setting for the Study

The study was conducted at a large urban university located in the Midwest. The university in this study is a doctoral/research university-extensive. A total of 350 undergraduate, post-bachelor's, master's, doctoral, professional, specialist and certificate programs in 13 schools and colleges are available. The student population includes men and women from 49 states and

more than 70 countries, the most diverse university student body in Michigan. The total enrollment for Fall 2009 was 31,786 graduate and undergraduate students. Of this number, 150 students were enrolled in graduate counseling education programs.

Participants

The participants in this study were graduate students in the counselor education programs in the College of Education. The students included in the sample were enrolled in a Substance Abuse Workshop that is taught by a full professor in the counselor education program. Participation in the workshop earns two credits toward their degrees, either masters or doctorate. Twenty-four students participated in this workshop. All students who are enrolled in the course were invited to participate in the study.

Instrumentation

Three instruments were used in this study: the Emotional Intelligence Scale (EIS; Schutte et al., 1998), the Holyoake Codependency Index (HCI; Dear & Roberts, 2000; 2004), and a short demographic survey developed by the researcher specifically for this study. Each of these instruments are discussed separately.

Schutte Emotional Intelligence Scale (SEIS)

Schutte et al. (1998) developed the Emotional Intelligence Scale (EIS) based on the original model of emotional intelligence (EI) developed by Salovey and Mayer (as cited in Schutte et al., 1998). The authors developed a pool of 62 items that reflected an adaptive disposition toward EI as framed by the Salovey and Mayer model. The items were rated using a 5-point Likert scale ranging from 1 for strongly disagree to 5 for strongly agree. Schutte et al. (1998) indicated that all elements of the model were represented with the 62 items. The items were evaluated independently by Schutte, Malouff, Hall, and Haggerty (1998) for: (a) fidelity to the relevant construct, (b) clarity, and (c) readability. As a result of these evaluations, items were

added and revised. A pilot test was used to test the items, with volunteers completing the instrument and commenting on the ambiguity of any specific test items. After a factor analysis, the final scale consisted of 33 items. Jonker and Vosloo (2008) conducted a second factor analysis, resulting in six factors; positive affect, emotion-others, happy emotions, emotions-own, nonverbal emotion, and emotional management; that were used as subscales in the present study.

Scoring. The numeric ratings of the participants' responses for the six subscales included in the instrument were summed to obtain total scores. The total scores were then divided by the number of items to calculate mean scores for each of the six subscales. The use of mean scores provides a measure that reflects the original 5-point Likert scale. In addition, the use of mean scores can allow direct comparisons across the six subscales.

Reliability and validity. To test the SEIS for reliability and validity, 346 participants from diverse settings in a metropolitan area of the southeastern United States were asked to complete the instrument with 62 items (Schutte et al., 1998). The participants included 218 women and 111 men, with an average age of 29.27 (sd = 10.23) years. A principal components factor analysis with an orthogonal-rotation of the responses produced four factors with all items loading at .40 or above. The first factor had 33 items loading at .40 or above and an eigenvalue of 10.79. The eigenvalues of the remaining three factors were greater than 1.00, indicating they were explaining a statistically significant amount of variance in the latent variable, emotional intelligence. The 33 items on the first factor were representative of the Salovey and Mayer conceptual model (as cited in Schutte et al., 1998). Of the 33 items, 13 were generated for the appraisal and expression of emotion, 10 were from the regulation of emotion category, and 10 were from the utilization of emotion category. The strength of the first factor and the conceptual succinctness of the items resulted in Schutte et al. to use these 33 items for the SEIS. The results of the reliability analysis for internal consistency produced a Cronbach alpha coefficient of .90

for the 33 items. Twenty-two female and six male college students completed the SEIS twice at a two week interval. The test-retest reliability of .78 provided support that the SEIS had adequate stability.

Janker and Vostoo (2008) conducted a factor analysis on the 33 item SEIS. Using a sample of 341 university students in an Emotional Science, a principal factor extraction with an oblique rotation was used to verify the results of Schutte et al. (1998) factor analysis. Six factors; positive affect, emotion-others, happy emotions, emotions-own, nonverbal emotion, and emotional management; emerged from the analysis accounting for 45% of the variance. The associated eigenvalues were all greater than 1.00, indicating that each of the six factors were accounting for a statistically significant amount of variance in the latent variable, emotional intelligence. Table 1 presents results of the factor analysis for the SEIS from which the subscales that were used in the present study were derived.

Table 1: *Factor Analysis – Six Factor Solution for the Schutte Emotional Intelligence Scale*

Factor	Item	Factor Loading	Alpha Coefficient
Positive Affect	17. When I am in a positive mood, solving problems is easy for me.	.66	.73
	3. I expect that I will do well in most things I try.	.62	
	6. Some of the major events of my life have led me to re-evaluate what is important and not important.	.54	
	2. When I am faced with obstacles, I remember times when I faced similar obstacles and overcame them.	.53	
	23. I motivate myself by imagining a good outcome to tasks I take on.	.49	
	20. When I am in a positive mood, I am able to come up with new ideas.	.45	
	10. I expect good things to happen.	.42	
Emotion-Others	29. I know what other people are feeling just by looking at them.	.68	.67
	30. I help other people feel better when they are down.	.68	
	32. I can tell how people are feeling by listening to the tone of their voice.	.54	
	4. Other people find it easy to confide in me.	.44	
	27. When I feel a change in emotions, I tend to come up with new ideas.	.41	
	18. By looking at their facial expressions, I recognize the emotions people are experiencing.	.40	
	26. When another person tells me about an important event in his or her life, I almost feel as though I have experienced the event myself.	.35	
Happy Emotions	14. I seek out activities that make me happy.	.59	.63
	31. I use good moods to help myself keep trying in the face of obstacles.	.54	
	12. When I experience a positive emotion, I know how to make it last.	.52	
	13. I arrange events that others enjoy.	.50	
Emotion-Own	9. I am aware of my emotions as I experience them.	-.69	.65
	8. Emotions are one of the things that make my life worth living.	-.63	
	22. I easily recognize my emotions as I experience them.	-.58	
	19. I know my emotions change.	-.40	
Nonverbal Emotions	15. I am aware of the nonverbal messages I send to others.	.51	.56
	5. I find it hard to understand the nonverbal messages of other people.	.67	
	25. I am aware of the nonverbal messages that other people send.	.84	
Emotional Management	21. I have control over my emotions.	.65	.54
	28. When I am faced with a challenge, I give up because I believe I will fail.	.54	
	24. I compliment others when they have done something well.	.50	
	1. I know when to speak about my personal problems to others.	.38	

To test the validity of the SEIS, the total score was correlated with several measures. As expected, a negative correlation ($r = -.65, p < .0001$) was found between the SEIS and the Toronto Alexithymia Scale. A positive correlation of $.63, p < .0001$ was found between the attention subscale of the Trait Meta Mood Scale and the SEIS. The correlations between the clarity and mood repair subscales of the Trait Meta Mood Scale and the SEIS ($r = .63, p < .0001$; $r = .68, p < .0001$ respectively) were further evidence of the validity of the SEIS. A longitudinal study was used to test the predictive validity of the SEIS. The study included 33 female and 31 male freshman college students with a mean age of 18.89 (sd = 2.10) years. The SEIS was completed during their first month in college. Schutte et al. obtained their cumulative grade point averages (GPAs) at the end of the first year. Scores on the 33 item SEIS was a statistically significant predictor of GPA at the end of the year ($r = .32, p < .01$).

Discriminant validity was determined by correlating SEIS scores and SAT or ACT preadmission scores. The ACT scores were converted to SAT equivalence scores by using the percentile score method (Schutte et al., 1998). The mean SAT scores was 978 (sd = 145). The correlation between the two measures was $-.06$, which was not statistically significant.

Based on the findings for internal consistency and stability, the SEIS appears to have adequate reliability. In addition, the tests for validity provided support that the instrument is valid. The Flesch-Kincaid reading grade level analysis indicated the 33-item scale had a reading level of 5.68, or fifth grade.

Holyoake Codependency Index (HCI)

The Holyoake Codependency Index (HCI) is a 13-item self-report measure of codependent traits that was developed by Dear and Roberts (2005). The 13 items measure three subscales: self-sacrifice (5 items), external focus (5 items), and reactivity (3 items). The first two subscales, self-sacrifice and external focus measure two core elements of codependency (Dear &

Roberts). The subscale measuring reactivity measures the participants' perceptions of the extent to which their quality of life depends on the problematic behavior of another individual, usually a family member. Table 2 presents the items included on each of the three subscales.

Table 2

Holyoake Codependency Index Subscales

Subscale	Item	Cronbach Alpha
External focus	1 Very often I don't try to become friends with people because I think that they won't like me.	.84
	5 I live too much by other people's standards.	
	6 I put on a show to impress people; I am not the person I pretend to be.	
	9 In order to get along and be liked, I need to be what people want me to be.	
	13 I need to make excuses or apologize for myself most of the time.	
Self-sacrifice	2 No matter what happens the family always comes first.	.80
	4 I always put the needs of my family before my own needs.	
	8 It is my responsibility to devote my energies to helping loved ones solve their problems.	
	11 What I feel isn't important as long as those I love are okay.	
	12 Because it is selfish, I cannot put my own needs before the needs of others.	
Reactivity	3 My life is controlled by my family members' behavior and problems.	.84
	7 The effects of my family member's behavior are a constant threat to me.	
	10 I could manage things properly if only my family member's behavior would change for the better.	
Full Scale		.82

Scoring. The 13 items on the HCI are rated using a 5-point Likert Scale, with 1 indicating strongly disagree and 5 indicating strongly agree. The numeric ratings are summed to obtain a total score for each subscale. The total scores are then divided by the number of items on the subscale to obtain a mean score. The use of a mean score provides subscale scores in the original unit of measure and allows for direct comparison of results across the subscales.

Validity. An exploratory factor analysis was used to confirm the factor structure of the HCI. The use of the exploratory factor analysis was an appropriate method to verify the stability of the factor structure in different populations. The use of a confirmatory factor analysis (CFA) was a more rigorous method to test the factorial validity. Scores from two sets of analyses were

used in this analysis. The results of the CFA provided support that the subscale structure of the HCI was valid.

The construct validity of the HCI was determined by correlating the scores on the Self-Monitoring Scale (SMS; Snyder as cited in Dear & Roberts, 2005). Self-monitoring measures the extent to which people monitor their behaviors relative to the “social context and expectation of others” (p. 305). The scores on the SMS were dichotomized into high and low scores for use as an independent variable in a one-way ANOVA, with scores on the three subscales of the HCI used as dependent variables. While a statistically significant difference was obtained on the external focus subscale between high and low SMS scores, no statistically significant differences were obtained for self-sacrifice and reactivity.

Reliability. The HIC was tested for internal consistency by Dear and Roberts (2005), with their findings similar to other published research (external focus [.82], self-sacrifice [.70], and reactivity [.76]). The stability of the instrument was determined using test-retest correlations. The correlations ranged from .72 to .82 indicating good stability. The internal consistency for the total instrument was .83 and the stability was .88, providing evidence that the instrument has both good internal consistency and stability.

Demographic Survey

A researcher-developed demographic survey was used in this study to obtain information regarding personal and professional characteristics of the sample population. The items that were included on this instrument are the age and gender of the participants, the number of years working in a helping profession, and their relationships (if any) with an addicted person. The items on this survey were addressed using either forced-choice response or fill-in-the-blank formats.

Substance Abuse Workshop

The Substance Abuse Workshop is an elective that counseling students can take to complete their degree requirements. The 2-credit hour course is conducted over two weekends and consists of eight sessions:

1. Family Sculpting (the roles family members assume when addiction is present and implications for treatments);
2. Aging and Addiction (treatment considerations when working with elderly persons who are addicted and the prevalence of addiction in this population);
3. My Story (Substance use, abuse, and recovery);
4. Fetal Alcohol Syndrome (FAS);
5. Introduction to Substance Abuse (overview of substance abuse education);
6. The Cycle of Addiction (the diagnosis and treatment of addiction);
7. Codependency;
8. Heroin, Cocaine Addiction & Counseling.

After each session, the students met in groups to discuss the presentation and what they learned from the lecture. This immediate reflection on the topic allows students to internalize what they have learned and reinforce their understanding with the other students. The students are randomly assigned to their groups prior to the first session and remain in the groups throughout the workshop.

Data Collection Procedures

On the first evening of the workshop, prior to the first presentation, the researcher explained the nature of the research being conducted and their role in the study. Each student was asked to read a research information sheet that follows the guidelines of an informed consent form but does not require a signature. The return of the completed surveys provides evidence of

the students' willingness to participate in the study. The students were assured that their participation in the study was voluntary and in no way would affect their grade in the class.

Each participant then completed the three pre-survey instruments being used in this study: the Emotional Intelligence Scale, the Holyoake Codependency Index, and the demographic survey. Participants were asked to provide the last four digits of their phone number on each instrument to ensure that the pretest and posttest surveys can be aligned. Names were not used to ensure anonymity. The completed surveys were placed in an envelope that was labeled with their four- digit code.

Four weeks after completion of the pretest and at the end of the seminar, the students were asked to complete the Emotional Intelligence Scale and the Holyoake Codependency Index a second time. They were asked to write the same four-digit code (the last four digits of their telephone number) on these surveys. The students placed the completed surveys in the envelopes, the envelopes were then collected by the researcher.

The pretest and posttest surveys were matched on the code numbers provided by the students. At all times during the data collection period, the surveys were maintained in a locked file cabinet with access limited to the researcher. All surveys will be kept for a minimum of seven years.

Data Analysis

The data from the surveys was analyzed using the latest version of SPSS – Windows. The data analysis was divided into three sections. The first section of the data analysis uses frequency distributions, crosstabulations, and measures of central tendency and dispersion to provide a description of the participants. The second section used descriptive statistics to present baseline analysis of the scaled variables from the Emotional Intelligence Scale and the Holyoake Codependency Index. Inferential statistical analyses were used in the third section of the data

analysis to address the research questions and test the hypotheses developed for the study. These statistical procedures included t-tests for paired samples, Pearson product moment correlations, and one-way multivariate analysis of covariance. All decisions on the statistical significance of the findings were made using a criterion alpha level of .05. Figure 2 presents the statistical analyses that was used to test each research question developed for the study.

Figure 2
Statistical Analysis

Research Question	Variables	Statistical Analysis
1. To what extent does participation in a workshop for substance abuse with a session on codependency change their emotional intelligence?	Pretest scores for emotional intelligence Posttest scores for emotional intelligence	A paired t-tests was used to determine if scores for emotional intelligence change from pretest to posttest
2. To what extent does participation in a workshop for substance abuse with a session on codependency change the attributes associated with codependency?	Pretest scores for Attributes associated with codependency Self-sacrifice External focus Reactivity Posttest scores for attributes associated with codependency Self-sacrifice External focus Reactivity	Paired t-tests were used to determine if scores for the three subscales measuring attributes associated with codependency change from pretest to posttest
3. Is there a relationship between codependency and emotional intelligence? Does this relationship change after participation in a workshop for substance abuse with a session on codependence?	Change scores for emotional intelligence Change scores for attributes associated with codependency Self-sacrifice External focus Reactivity	Pearson product moment correlations were used to determine the strength and direction of the relationship between change scores for emotional intelligence and attributes associated with codependency. Change scores were calculated by subtracting pretest scores for the constructs from the posttest scores.
4. Is there a difference in attributes associated with codependency of participants who report having a family member who is addicted?	<u>Dependent Variable</u> Posttest scores for attributes associated with codependency • Self-sacrifice • External focus • Reactivity <u>Independent Variable</u> Family member addicted <u>Covariates</u> Pretest scores for Attributes associated with codependency • Self-sacrifice • External focus • Reactivity	One-way multivariate analysis of covariance were used to determine if attributes of codependency differ between participants who have an addicted family member after removing effects of pretest scores for the attributes for codependency. If the omnibus F test was statistically significant, the univariate F tests were interpreted to determine which of the attributes are contributing to the statistically significant outcome. The mean scores for the attributes associated with codependency were examined to determine the direction of the differences on the statistically significant univariate F tests.

Research Question	Variables	Statistical Analysis
5. Is there a difference in attributes associated with codependency between participants who are working in the counseling profession and those who are not working in this profession?	<p><u>Dependent Variable</u> Posttest scores for attributes associated with codependency</p> <ul style="list-style-type: none"> • Self-sacrifice • External focus • Reactivity <p><u>Independent Variable</u> Work in the counseling profession</p> <p><u>Covariates</u> Pretest scores for Attributes associated with codependency</p> <ul style="list-style-type: none"> • Self-sacrifice • External focus • Reactivity 	<p>One-way multivariate analysis of covariance was used to determine if attributes of codependency differ between counselors in professional practice and those who were not working in a counseling profession after removing the effects of the pretest scores for the attributes for codependency.</p> <p>If the omnibus F test was statistically significant, the univariate F tests were interpreted to determine which of the attributes are contributing to the statistically significant outcome.</p> <p>The mean scores for the attributes associated with codependency were examined to determine the direction of the differences on the statistically significant univariate F tests.</p>

Summary

The methodology that has been used for this study was outlined in this chapter. The problem being researched has been restated, the research design explained, while the setting for the study, participants and instrumentation, substance abuse workshop, data collection procedures and data analysis are identified and described. The research designs submitted for this study include: paired t-tests, Pearson product moment correlations, one-way multivariate analysis of covariance. The statistical procedures: including research questions, variables and statistical analysis has been presented in a table (figure 2) to clarify proposed research design.

CHAPTER IV

RESULTS OF DATA ANALYSIS

Introduction

Chapter IV presents the results of the data analyses that were used to describe the sample and address the research questions developed for this study. The chapter is divided into two sections. The first section uses descriptive statistics including frequency distributions and measures of central tendency and dispersion to provide a profile of the participants in the study. The second section uses inferential statistical analyses to address each of the research questions.

The purpose of this study was to examine the relationship between codependency and the attributes of emotional intelligence amongst graduate level counseling students at Wayne State University. If codependency is prevalent among counseling students, the counseling department may provide opportunities for students to work on their codependency issues before working with clients. The possibility of transference could be minimized and the professional relationship would not be jeopardized. To determine the extent to which participants related to the concepts associated with codependency and emotional intelligence, they completed a short demographic survey and two instruments designed to measure levels of codependency and emotional intelligence prior to the beginning of the workshop and again at the completion of the workshop. The scores from pretest to posttest may provide evidence of change in their levels of codependency and emotional intelligence.

A total of twenty-four students participated in the codependency seminar. Twenty-three students agreed to participate in the study and completed the three instruments (demographic survey, Holyoake Codependency Scale, and the Schutte Emotional Intelligence Scale) twice.

Description of the Sample

The students provided their ages on the survey. Their responses were summarized using descriptive statistics. Table 3 presents results of this analysis.

Table 3

Descriptive Statistics – Age of the Participants

Number	Mean	SD	Median	Range	
				Minimum	Maximum
23	29.91	7.06	27.00	21	47

The mean age of the participants ($m = 29.91$ years, $sd = 7.06$), with a median of 27 years. The students ranged in age from 21 to 47 years.

The participants provided their gender on the survey. Their responses were summarized using frequency distributions. Twenty-two (95.7%) of the students reported their gender as female, with 1 (4.3%) student indicating his gender as male.

The participants were asked how long they had worked in a helping profession. Descriptive statistics, including measures of central tendency and dispersion, were used to summarize their responses. Table 4 presents results of this analysis.

Table 4

Descriptive Statistics – Years Working in a Helping Profession

Number	Mean	SD	Median	Range	
				Minimum	Maximum
23	3.70	4.65	2.00	0	13

The average number of years in which students had worked in helping professions was 3.70 (sd = 4.65) years. The median number of years was 2 with students reporting their experiences in helping professions ranging from 0 to 13 years. Ten students reported no years in a helping profession. These students may have been working in other fields, while completing the educational requirements necessary to become licensed professional counselors.

The students were asked if a person in their family was addicted. Those who answered yes were asked to indicate the relationship of this person. Table 5 presents the results of these analyses.

Table 5

Frequency Distributions – Family Member Addicted

Family Member Addicted	Number	Percent
<u>Have a family member addicted</u>		
Yes	13	56.5
No	10	43.5
<u>Family member addicted</u>		
Parent	5	21.7
Significant other	1	4.3
Sibling	3	13.0
Other relative	4	17.4
Other person	3	13.0

Thirteen (56.5%) students indicated that they had a family member who was addicted to alcohol or other substances. Five (21.7%) of these students indicated the family member was a

parent, with 1 (4.3%) reporting their significant other was addicted. Three (13.0%) students had a sibling who was addicted, with 4 (17.4%) had another relative who had an addiction problem. Three (13.0%) students reported another person was addicted.

The participants were asked if they had been identified as co-dependent. The responses to this question were summarized using frequency distributions. One (4.3%) student reported she/he had been identified as co-dependent, with the remaining 22 (95.7%) indicating they had not had this designation.

Research Questions

Five research questions have been developed for this study. Each of these questions were addressed using inferential statistical analyses. All decisions on the statistical significance were made using a criterion alpha level of .05.

Research question 1. To what extent does participation in a workshop for substance abuse with a session on codependency change their emotional intelligence?

The participant's pretest and posttest scores for emotional intelligence were compared using t-tests for dependent samples. The results of this analysis are presented in Table 6.

Table 6

t-Tests for Dependent Samples – Emotional Intelligence Scale – Pretest and Posttest

	Number	Mean	SD	DF	t-Value	Sig of t
Pretest	23	2.06	.43	22	1.16	.257
Posttest	23	2.16	.61			

The comparison of the emotional intelligence pretest scores ($m = 2.06$, $sd = .43$) and the posttest scores ($m = 2.16$, $sd = .61$) using t-tests for dependent samples was not statistically

significant, $t(22) = 1.16$, $p = .257$. This result indicated that the change in emotional intelligence was not sufficient to be considered statistically significant.

Research question 2. To what extent does participation in a workshop for substance abuse with a session on codependency change the attributes associated with codependency?

The pretest and posttest scores for the three subscales on the Holyoake Codependency Scale were compared using t-tests for dependent samples. The results of these analyses are presented in Table 7.

Table 7

t-Tests for Dependent Samples – Codependency Scale – Pretest and Posttest

Subscales	Number	Mean	SD	DF	t-Value	Sig of t
<u>External Focus</u>						
Pretest	23	1.71	.59	22	2.01	.057
Posttest	23	1.95	.80			
<u>Self-Sacrifice</u>						
Pretest	23	2.78	.80	22	.18	.861
Posttest	23	2.77	.91			
<u>Reactivity</u>						
Pretest	23	1.45	.56	22	.10	.924
Posttest	23	1.46	.58			

External focus. The results of the comparison of pretest scores ($m = 1.71$, $sd = .59$) and posttest scores ($m = 1.95$, $sd = .80$) for external focus was not statistically significant, $t(22) = 2.01$, $p = .057$. This finding indicated that after participating in a seminar on addiction, students scores for external focus as part of codependency did not differ significantly.

Self-sacrifice. The comparison of pretest scores ($m = 2.78$, $sd = .80$) and posttest scores ($m = 2.77$, $sd = .91$) for self-sacrifice using t-tests for dependent samples was not statistically significant, $t(22) = .18$, $p = .861$. Based on this finding, it appears that participation in a seminar on addiction did not change the scores for self-sacrifice.

Reactivity. The results of the t-tests for dependent samples used to compare pretest scores ($m = 1.45$, $sd = .56$) with posttest scores ($m = 1.46$, $sd = .58$) for reactivity were not statistically significant, $t(22) = .10$, $p = .924$. This finding provided evidence that students who participated in the seminar on addiction did not experience significant changes in their scores for reactivity.

Research question 3. Is there a relationship between codependency and emotional intelligence? Does this relationship change after participation in a workshop for substance abuse with a session on codependence?

Pearson product moment correlations were used to examine the strength and direction of the relationships between the change in codependency and emotional intelligence from prior to and following attendance at a workshop for substance abuse. The change scores for codependency and emotional intelligence were obtained by subtracting the pretest scores for each of the subscales on the two instruments from the posttest scores. The results of this analysis are presented in Table 8.

Table 8

Pearson Product Moment Correlations – Change Scores for Codependency and Emotional Intelligence (N = 23)

	<u>Codependency</u>							
	<u>External Focus</u>		<u>Self-sacrifice</u>		<u>Reactivity</u>		<u>Codependency</u>	
	r	p	r	p	r	p	r	p
Emotional Intelligence								
Positive Affect	-.15	.499	.17	.433	-.30	.172	-.13	.570
Emotions Other	-.35	.099	.21	.326	.20	.372	-.02	.927
Happy Emotions	-.17	.434	-.06	.792	.04	.862	-.11	.629
Emotions Own	-.22	.306	-.18	.420	.12	.593	-.15	.489
Nonverbal Emotions	-.34	.113	.31	.146	.22	.320	.04	.856
Emotion Management	-.43	.040	-.08	.729	-.14	.514	-.35	.099

One statistically significant correlation was found between the subscales measuring codependency and emotional intelligence. The relationship between emotion management and external focus ($r = -.43$, $p = .040$) was statistically significant in a negative direction. This finding indicated that as scores for external focus (a measure of codependency) increased, scores on emotion management (a measure of emotional intelligence) decreased. The remaining correlations were not statistically significant, indicating that the relationships between changes in emotional intelligence following participation in a seminar on substance abuse with a session on codependency were not significantly related to codependency.

Research question 4. Is there a difference in attributes associated with codependency of participants who report having a family member who is addicted?

A one-way multivariate analysis of covariance (MANCOVA) was used to determine if there was a difference in scores for codependency between participants who reported having a family member who was addicted to some substance and those who did not have a family

member who was addicted. The dependent variables were posttest scores for external focus, self-sacrifice, and reactivity. The independent variable was the response to the question, “Do you have a family member who is addicted?” The covariates were the pretest scores for external focus, self-sacrifice, and reactivity. Table 9 presents results of this analysis.

Table 9

Multivariate Analysis of Covariance – Codependency by Family Member Addicted to Substance

Hotelling's Trace	F	DF	Sig	Effect Size
.07	.37	3, 16	.775	.07

The Hotelling's trace of .09 obtained on the MANCOVA for the comparison of the three subscales measuring posttest codependence was not statistically significant, $F(3, 16) = .37, p = .775, D = .07$. Two of the three covariates, pretest scores for external focus, ($F(3, 16) = .697, p = .003$) and pretest scores for self-sacrifice ($F(3, 16) = 9.84, p = .001$) were statistically significant, indicating they were making a statistically significant adjustment to the posttest scores. The covariate, pretest scores for reactivity was not statistically significant. Based on the findings for this analysis, the differences in codependency between participants who reported having a family member addicted to a substance and those who did not have a family member addicted to a substance were not statistically significant. To further examine the lack of statistically significant differences between the two groups, descriptive statistics were obtained for each of the three subscales. Table 10 presents these results.

Table 10

Descriptive Statistics – Adjusted Posttest Scores for Codependency by Family Member Addicted to a Substance (N = 23)

	<u>Group</u>			
	<u>Family Member Addicted</u>		<u>Family Member Not Addicted</u>	
Posttest Scores*	M	SE	M	SE
External focus	2.07	.17	1.81	.20
Self-sacrifice	2.83	.13	2.69	.15
Reactivity	1.53	.18	1.38	.20

*Adjusted for Covariates

Although the mean scores for the group who reported having a family member addicted to a substance had higher mean scores on each of the three subscales measuring codependency, than participants who did not have a family member addicted, the differences were not substantial enough to be considered statistically significant. Based on these findings, it appears that the posttest scores for codependency did not differ between the two groups.

Research question 5. Is there a difference in attributes associated with codependency between participants who are working in the counseling profession and those who are not working in this profession?

The pretest scores for the three subscales (external focus, self-sacrifice, and reactivity) were used as covariates in a oneway MANCOVA. The dependent variables were the posttest scores for the three subscales measuring codependency, with the responses regarding working in a helping profession used as the independent variable. Table 11 presents results of this analysis.

Table 11

One-way Multivariate Analysis of Covariance – Codependency by Working in a Helping Profession

Hotelling's Trace	F	DF	Sig	Effect Size
.04	.21	3, 16	.889	.04

The Hotelling's trace of .04 obtained on the one-way MANCOVA comparing posttest scores on the three subscales, external focus, self-sacrifice, and reactivity, measuring codependency was not statistically significant, $F(3, 16) = .21, p = .889, D = .04$. The covariates, pretest scores for external focus ($F(3, 16) = 6.21, p = .005$) and pretest scores for self-sacrifice ($F(3, 16) = 10.18, p = .001$) were statistically significant, indicating that these two subscales were making statistically significant adjustments in the posttest scores. The covariate, pretest scores for reactivity, did not provide any evidence of having a statistically significant effect on the posttest scores. To further examine the lack of statistical significance, descriptive statistics were obtained for each of the three variables. Table 12 provides results of this analysis.

Table 12

Descriptive Statistics – Adjusted Posttest Scores for Codependency by Working in a Helping Profession (N = 23)

Posttest Scores*	<u>Group</u>			
	<u>Working in a Helping Profession</u>		<u>Not Working in a Helping Profession</u>	
	M	SE	M	SE
External focus	2.01	.17	1.88	.20
Self-sacrifice	2.82	.13	2.70	.15
Reactivity	1.54	.17	1.36	.20

*Adjusted for Covariates

The comparison of the mean scores for the participants who were working in a helping profession were higher than those obtained for participants who were not working in this type of profession, although the differences were not sufficient to be considered statistically significant. Based on these findings, it did not appear that working in a helping profession resulted in significantly higher scores on codependency than not working in this profession.

Summary

The results of the statistical analyses used to describe the sample and address the research questions have been presented in this chapter. A discussion of the findings, conclusions, and recommendations based on these findings are included in Chapter V.

CHAPTER V

SUMMARY, DISCUSSION, AND RECOMMENDATIONS

Summary

The purpose of this study was to examine the relationship between codependency and the attributes of emotional intelligence among graduate counseling students at Wayne State University. Counseling students' levels of both constructs were measured before and after participating in an educational treatment provided during a substance abuse workshop.

The personality traits that lead a person to the counseling profession (e.g., nurturance, empathy, and awareness of the emotions of others) can be indicators of codependency or evidence of superior emotional intelligence. Codependency can manifest as caretaking, rescuing, and excessive reliance on other people for approval or identity. These traits could undermine the counseling relationship seriously. Personality characteristics that are encompassed within emotional intelligence include (a) self-awareness, (b) self-regulation, (c) motivation, (d) empathy, and (e) social skills (Goleman, 1995), which are positive qualities found in a professional counselor. The current research study measured levels of codependency and emotional intelligence before and after participation in an educational intervention. Statistical analyses were used to examine the relationship between the codependency and emotional intelligence.

Restatement of the Problem

Counselor education programs are responsible for safeguarding the profession's reputation and the client's welfare by ensuring that graduate counseling students have managed their mental health issues through individual or group counseling. This study measured the codependency and emotional intelligence of graduate counseling students to determine if codependency is an issue and to determine if graduate counseling students possessed appropriate

levels of emotional intelligence. The construct of codependency was addressed during a workshop on substance abuse; with an in-depth educational presentation on the history, scope and diagnosis of codependency presented to students.

The theoretical framework of Cermak (1986) was adopted for this research study. Cermak developed a comprehensive model of codependency that provided a framework in which counselors could communicate, offered diagnostic criteria for research, and allowed clients to converse with health care providers. The mental health community has not reached consensus for codependency as a disease, a condition, or a normal response to abnormal conditions. The disease model of codependence allows counselors to diagnose consistent patterns of behaviors that are recognized as supporting maladaptive behaviors.

Springer, Britt, & Schlenker (1998) conducted a study that confirmed a strong relationship between codependency and low self-esteem, anxious/ambivalent, and avoidant attachment style and a negative attachment style. Counseling implications included four therapeutic interventions for use when counseling codependent clients: (a) improving self-esteem, (b) increasing self-control in personal relationships, (c) promoting a sense of self efficacy, and (d) learning to focus on an internal locus of control.

Despite the inconclusive definition of codependence, several researchers have agreed that the core characteristic of codependency (Dear & Roberts, 2000) is excessive reliance on others for approval and identity. Other common themes are caretaking and rescuing. Dear and Roberts conducted a study exploring the relationship between codependency, masculinity and femininity. The study concluded that higher levels of codependency were found among women than men. The traditional gender roles related to women may increase the self-sacrifice scores and lead to a diagnosis of codependency.

Fuller and Warner (2000) investigated family stressors as a predictor of codependency. Alcoholism, and mental or physical illnesses have been identified as the family stressors. The findings of this study indicated that students with family stressors had higher levels of codependency than students without familial stress.

The theory of emotional intelligence (EI) has been identified in the professional literature for more than a century. However it became popular in the mainstream and professional literature when Goleman published his book, *Emotional Intelligence*, in 1995. Two models of emotional intelligence have been identified; the ability model which views EI as a type of intelligence and the mixed model which considers EI to be a personal characteristic or a trait of an individual. Goleman's mixed model consists of five domains: (a) self-awareness, (b) self-regulation, (c) motivation, (d) empathy, and (e) social skills. Goleman theorized that emotional intelligence was the greatest predictor of success in life.

The available research indicated that counseling students and professional counselors were more likely to have higher levels of EI when compared to the norm sample. Additionally, practicing counselors showed higher scores of EI, however not elevated enough to be statistically significant.

Methodology

A quasi-experimental research design was used in the present study. The setting for the study was a large urban university located in the Midwest. The instruments used for this study included the Emotional Intelligence Scale (EIS; Schutte et al., 1998), the Holyoake Codependency Index (HCI; Dear & Roberts, 2000; 2004), and a short demographic survey developed by the researcher specifically for this study. The participants were 24 graduate level counseling students who were enrolled in a substance abuse workshop. Of this number, 23 students participated in the study. The principal investigator explained to the students the nature

and purpose of the study and reiterated that participation was voluntary and in no way affected their grade in the workshop. Students completed three instruments prior to participating in the substance abuse workshop, including an in-depth educational session on codependency. At the end of the seminar, the students completed the instruments measuring codependency and emotional intelligence a second time.

Findings

The 23 study participants ranged from 21 to 47 years of age, with a mean age of 29.91 (SD 7.06). The majority of the sample was female students (95.7%). The mean number of years working in a helping profession was 3.70, with the range from 0 to 13 years. Ten students reported 0 years in a helping profession. Thirteen students reported having a family member addicted to alcohol or other substance. One student had been identified in the past as being codependent.

Research Questions

Five research questions have been developed for this study. Each of these questions was addressed using inferential statistical analyses. All decisions on the statistical significance were made using a criterion alpha level of .05.

Research question 1. To what extent does participation in a workshop on substance abuse with a session on codependency change the attributes associated with emotional intelligence?

The pre and posttest scores for emotional intelligence were compared using t-tests for paired samples. The difference in the pretest mean score of 2.06 and the posttest mean score of 2.16 was not statistically significant. The mean scores reflected low to moderate levels of emotional intelligence and did not change substantially after participation in a workshop for substance abuse, with an in-depth session on codependency.

Research question 2. To what extent does participation in a workshop on substance abuse with a session on codependency change the attributes associated with codependency?

The change in scores for codependency from pretest to posttest was tested using t-tests for paired samples. Each of the subscales was tested separately. The changes in the scores were not statistically significant indicating that participation in a seminar that included an in depth session on codependency did not affect the scores for codependency substantially. The scores were generally low for the subscales indicating that the participants did not perceive that they were codependent.

Research question 3. Is there a relationship between codependency and emotional intelligence? Does this relationship change after participation in a workshop for substance abuse with a session on codependence?

The 24 relationships that were explored between the six subscales of emotional intelligence and the three subscales of codependency and the total codependency score were tested using Pearson product moment correlations. One relationship between external focus and emotion management were statistically significant in a negative direction. This relationship indicated that participants who had higher scores for emotional management were more likely to have lower scores for external focus as a measure of codependency. The remaining correlations were not statistically significant, indicating little or no relationships between codependency and emotional intelligence.

Research question 4. Is there a difference in attributes associated with codependency of participants who report having a family member who is addicted?

A one-way multivariate analysis of variance (MANOVA) was used to test for difference between the subscales (external focus, self-sacrifice, and reactivity) measuring codependency by having a family member addicted to a substance. The results of this analysis were not statistically significant, indicating that counseling students who had a family member addicted to a substance did not differ from those who did not have an addicted family member.

Research question 5. Is there a difference in attributes associated with codependency between participants who are working in the counseling profession and those who are not working in this profession?

The results of the MANOVA used to compare scores for the three subscales (external focus, self-sacrifice, and reactivity) between counseling students who were working in a helping profession and those not similarly employed were not statistically significant. This result indicated that mean scores for codependency were higher for those participants who worked in helping professions than for those who were not employed in these professions, the differences were not sufficient to be considered statistically significant.

Discussion of the Findings

The participants in this study differed in terms of having a family member addicted to a substance and being employed in a helping profession. They were all enrolled in graduate level counseling programs at a single university. Their ages varied indicating differing levels of life experiences. The representation of men and women in the study was considered typical of the profession, which employs a greater number of women than men.

Low levels of emotional intelligence are contrary to what was found in previous studies (Easton, 2008). An explanation for the disparity could be the number of participants who are not in the counseling profession. Many study participants were in career transitions, a time in which self-efficacy may be low. Additionally the relatively young mean age of the participants was

29.91, and EI is a personality competency that develops through instruction, practice, and experiential learning (Martin, Easton, Wilson, Takemoto, & Sullivan, 2004).

Studies have shown that levels of codependency among graduate counseling and psychology students have measured from low to high. The scores in the current study were not high enough to be statistically significant, however, they indicated codependent tendencies that may effect future professional development.

The one area in which statistical significance was found was the negative correlation between emotion management (a measure of emotional intelligence) and external focus (a measure of codependency). The correlation indicated that as scores for external focus increased, scores for emotion management decreased. This finding was supported by the literature. Clark and Stoffel (1992) found that moderate to severe codependency was related to low self-esteem and high external locus of control. Springer et al. (1998) conducted a study in which a strong, statistically significant correlation was found between strong empathic reactions associated with codependency and external locus of control.

Self-sacrifice scores were in the moderate range indicating that participants may identify with one of the core characteristics of codependency: caretaking, (putting the needs of other people ahead of ones own) and rescuing (fixing the damage caused be another person's irresponsible behavior). Or the characteristics of self-sacrifice closely resemble traditional female roles. If these roles are considered pathological, the focus should be the need for social change (Hands & Dear, 1994).

Implications for Counseling Education

The purpose of this study was to examine the levels of codependency and emotional intelligence among graduate counseling students. The subscale and total scores did not indicate that a problem existed in regards to codependency, however it did reveal inclinations toward

codependency especially in the area of self-sacrifice. The emotional intelligence scores indicated low-moderate EI among graduate counseling students. Theoretically EI scores should increase with time, education, and experience.

Counselor training programs should further study codependent patterns of relating of counseling students. If participants in the current study are working with clients, they may be caretaking or rescuing which could pose a threat to a beneficial therapeutic relationship.

Codependency related to the counseling relationship should be taught as part of the curriculum, with the goal of helping students to be more aware of their own issues as it relates to codependency. Implications for therapeutic interventions include learning to focus on an internal locus of control and increasing self-control in personal relationships.

Limitations

A number of limitations of this study may have affected the outcomes of the study. The self-report instruments may have been susceptible to participant bias in an attempt to provide socially correct responses. The size of the sample population was too small to achieve the necessary power to produce statistically significant results. The length of time between sessions may not have been long enough to create change in either EI or codependency. The results of this study should be interpreted with caution and not generalized beyond the current sample due to the small sample size and the sample of convenience.

Recommendations for Further Research

Further research to determine the level of codependency and emotional intelligence among graduate counseling students may be beneficial. This study could include a larger sample of counseling students at different universities. The curriculum in the different programs may result in variation in perceptions of codependency and emotional intelligence among the students.

A longitudinal study that measured levels of codependency between entering the counseling program and again upon graduation from the program could provide useful information. The change examined in the present study was over a span of four weeks, which may not have been adequate to effect change in attitudes and knowledge of codependency. A span of two or three years, along with curriculum that discusses codependency could result in greater gains about counseling students' attitudes and knowledge of codependency.

The study indicated low levels of emotional intelligence among the counseling students. This finding suggested that the students' ability to use the tenets associated with emotional intelligence need to be addressed. Perhaps it would be beneficial to embed emotional intelligence across the curriculum. Studying the inclusion of emotional intelligence in counseling programs could help determine how increasing levels of emotional intelligence can enhance interactions with clients. The levels of emotional intelligence should increase if the theories hold true, EI can change over time and training. The levels of codependency should decrease as counselors in training become more able to manage their own emotions and have a better understanding of codependency.

APPENDIX A**INSTRUMENTS****DEMOGRAPHIC SURVEY**

Participant Number _____
(Last 4 digits of SSN or Phone Number)

Date ___/___/2010

Age

Gender

- Male
 Female

Number of years working as a helping professional _____ years

Someone in my family (or someone I love) is addicted to a mood altering substance or behavior.

Yes
No

If yes, please identify your relationship to the addicted person.

- Spouse
 Child
 Parent
 Significant other
 Sibling
 Other Relative
 Other person _____

Have you been identified as co-dependent in the past?

Yes No

If yes, please explain:

THE HOLYOAKE CODEPENDENCY INDEX

Read each of the following 13 statements carefully and then place a check mark in the column that most closely indicates your agreement with the statement. There are no right or wrong answers.

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

Place a check mark in the column that most closely matches your agreement with each of the following statements:	1	2	3	4	5
1. Very often I don't try to become friends with people because I think that they won't like me.					
2. No matter what happens the family always comes first.					
3. My life is controlled by my partner's behavior and problems.					
4. I always put the needs of my family before my own needs.					
5. I live too much by other people's standards.					
6. I put on a show to impress people, I am not the person I pretend to be.					
7. The effects of my partner's behavior are a constant threat to me.					
8. It is my responsibility to devote my energies to helping loved ones solve their problems.					
9. In order to get along and be liked, I need to be what people want me to be.					
10. I could manage things properly if only my partner's behavior would change for the better.					
11. What I feel isn't important so long as those I love are okay.					
12. Because it is selfish, I cannot put my own needs before the needs of others.					
13. I need to make excuses or apologize for myself most of the time.					

EMOTIONAL INTELLIGENCE SCALE

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

Place a check mark in the column that most closely matches your agreement with each of the following statements:	1	2	3	4	5
1. I know when to speak about my personal problems to others.					
2. When I am faced with obstacles, I remember times I face similar obstacles and overcame them.					
3. I expect that I will do well on most things I try.					
4. Other people find it easy to confide in me.					
5. I find it hard to understand the non-verbal messages of other people.					
6. Some of the major events of my life have led me to re-evaluate what is important and not important.					
7. When my mood changes, I see new possibilities.					
8. Emotions are one of the things that make my life worth living.					
9. I am aware of my emotions as I experience them.					
10. I expect good things to happen.					
11. I like to share my emotions with others.					
12. When I experience a positive emotions, I know how to make it last.					
13. I arrange events others enjoy.					
14. I seek out activities that make me happy.					
15. I am aware of the non-verbal messages I send to others.					
16. I present myself in a way that makes a good impression on others.					
17. When I am in a positive mood, solving problems is easy for me.					
18. By looking at their facial expressions, I recognize the emotions people are experiencing.					
19. I know why my emotions change.					
20. When I am in a positive mood, I am able to come up with new ideas.					
21. I have control over my emotions.					
22. I easily recognize my emotions as I experience them.					
23. I motivate myself by imagining a good outcome to tasks I make up.					
24. I compliment others when they have done something well.					
25. I am aware of the non-verbal messages other people send.					
26. When another person tells me about an important event in his or her life, I almost feel as though I have experienced this event myself.					

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

Place a check mark in the column that most closely matches your agreement with each of the following statements:	1	2	3	4	5
27. When I feel a change in emotions, I tend to come up with new ideas.					
28. When I am faced with a challenge, I give up because I believe I will fail.					
29. I know what other people are feeling just by looking at them.					
30. I help other people feel better when they are down.					
31. I use good moods to help myself keep trying in the face of obstacles.					
32. I can tell how people are feeling by listening to the tone of their voice.					
33. It is difficult for me to understand why people feel the way they do.					

APPENDIX B

Research Information Sheet

Title: The Effect of an Educational Intervention on the Level of Codependency among Graduate Counseling Students

Principal Investigator: Dianna L. Belyea

RESEARCH INFORMATION LETTER

I. Introduction and Purpose

The purpose of this research for study is to examine the relationship between codependent personality traits and the attributes of emotional intelligence among master and doctoral level counseling students at Wayne State University.

II. Procedure

Participants will be asked to complete three questionnaires: Holyoake Codependency Index, the Emotional Intelligence Scale and a short demographic survey at the Substance Abuse Workshop. Five weeks later, they will complete the Holyoake Codependency Index and the Emotional Intelligence Scale again. The questionnaires should not require more than 15 minutes to complete each time.

Holyoake Codependency Index

1. Very often I don't try to become friends with people because I think they won't like me.
2. No matter what happens the family always comes first.
My life is controlled by my partner's behavior and problems.
3. I always put the needs of my family before my own needs.

Emotional Intelligence Scale

1. I know when to speak about my personal problems to others.
2. When I am faced with obstacles, I remember times I face similar obstacles and overcame them.
3. I expect that I will do well on most things I try.

III. Benefits

There are no benefits to the participants.

IV. Risks

There are no known risks at this time to participation in this study.

Title: The Effect of an Educational Intervention on the Level of Codependency Among Graduate Counseling Students

Principal Investigator: Dianna L. Belyea

V. Voluntary Participation/Withdrawal

Your participation in this study is voluntary, with the return of your completed survey evidence of your willingness to participate in the study. Once you have returned your completed survey, you can withdraw until the end of the data collection period. Following this period, your survey will not be identifiable, preventing your withdrawal.

VI. Costs

There are no costs involved

VII. Compensation

There is no compensation being offered for participation in the study.

VIII. Confidentiality

All information collected during the course of this study will be kept confidential to the extent permitted by law. All information will be presented in aggregate, with no individual participant identifiable in the study.

IX. Questions

If you have any questions regarding the items on the survey or the purpose of the study, please feel free to contact me at your earliest convenience. I can be reached at (248) 495-5315 or by email at diannalb@comcast.net. If you would like information regarding your rights regarding participation in this study, please contact the chairperson of the Wayne State University Behavioral Investigation Committee at (313) 577-1628.

X. Consent to Participate in a Research Trial

Taking part in this study is voluntary. You have a right to choose not to take part in this study.

You are free to only answer questions that you want to answer. You are free to withdraw from participation in this study at any time. Your decision will not change any present or future relationship with Wayne State University or its affiliates, or other services you are entitled to receive. The PI may stop your participation in this study without your consent. The PI will make the decision and let you know if it is not possible for you to continue. The decision that is made is to protect your health and safety, or because you do not follow instructions to take part in the study.

APPROVED

AUG 12 2010

Page 2 of 2

WAYNE STATE UNIVERSITY
HUMAN INVESTIGATION COMMITTEE

APPENDIX C

Human Investigation Committee Approval

**WAYNE STATE
UNIVERSITY**

HUMAN INVESTIGATION COMMITTEE
87 East Canfield, Second Floor
Detroit, Michigan 48201
Phone: (313) 577-1628
FAX: (313) 993-7122
<http://hlc.wayne.edu>



CONCURRENCE OF EXEMPTION

To: Dianna Belysa
College of Education

From: Ellen Baron, Ph.D. *S. Miller for ES*
Chairperson, Behavioral Institutional Review Board (BIB)

Date: August 12, 2010

RE: HIC #: 078910B3X
Protocol Title: The Effect of an Educational Intervention on the Level of Codependency Among Graduate Counseling Students
Sponsor:
Protocol #: 1007006598

The above-referenced protocol has been reviewed and found to qualify for **Exemption** according to paragraph #2 of the Department of Health and Human Services Code of Federal Regulations [45 CFR 46.101(b)].

- Information Sheet

This proposal has not been evaluated for scientific merit, except to weigh the risk to the human subjects in relation to the potential benefits.

- Exempt protocols do not require annual review by the IRB.
- All changes or amendments to the above-referenced protocol require review and approval by the HIC **BEFORE** implementation.
- Adverse Reactions/Unexpected Events (AR/UE) must be submitted on the appropriate form within the timeframe specified in the HIC Policy (<http://www.hlc.wayne.edu/hicpol.htm>).

NOTE:

1. Forms should be downloaded from the HIC website at each use.
2. Submit a Closure Form to the HIC Office upon completion of the study.

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ABSTRACT**THE EFFECT OF AN EDUCATIONAL INTERVENTION ON THE LEVEL OF CODEPENDENCY AND EMOTIONAL INTELLIGENCE AMONG GRADUATE COUNSELING STUDENTS**

by

DIANNA L. BELYEA**May 2011****Advisor:** Dr. John Pietrofesa**Major:** Counseling**Degree:** Doctor of Philosophy

The purpose of this study was to investigate the level of codependency and emotional intelligence before and after participating in an educational intervention for codependency at a workshop on substance abuse. The setting for the study was a substance abuse workshop that was an elective for graduate students who were enrolled in counseling programs at a large urban university. A total of 23 individuals volunteered to participate in the study.

The levels of emotional intelligence were investigated to determine if the characteristics sometimes associated with codependency could be better explained by emotional intelligence (EI).

The participants completed three surveys, The Holyaoke Codependency Index, The Emotional Intelligence Scale, and a researcher-developed demographic survey prior to beginning and following completion of the substance abuse workshop, with a session on codependency. The workshop consisted of two weekends with a one month interval between the sessions. The data from the surveys were analyzed using PASW – Ver. 18.0. Statistical significance was found for the correlation between external focus (a measure of codependency) and emotion management (a measure of emotion management). The finding indicated that as scores for external focus increased, the scores on emotion management decreased. No statistically

significant changes in the levels of codependency or emotional intelligence were found following participation in the substance abuse workshop with an educational session on codependency. Limitations of this study were greatly influenced by small sample size and time span over which the study was conducted. Suggestions for further research included replicating the study with a sample from more than one university to determine the effects of curricular differences on the development of codependency and emotional intelligence. A longitudinal study was suggested to determine how emotional intelligence changes with age and experiences.

AUTOBIOGRAPHICAL STATEMENT

Dianna Lynn Belyea

Wayne State University
Detroit, Michigan**Education**

2011

Doctor of Philosophy
Wayne State University, Detroit Michigan
Counseling

1998

Master of Arts
Oakland University, Rochester Hills, Michigan
Counseling

1993

Bachelor of Arts
Madonna University, Livonia, Michigan
Special Education Teacher**Professional Experience**

1997 – Present

Utica Community Schools
Sterling Heights, Michigan
Counselor

1993 – 1997

Utica Community Schools
Sterling Heights, Michigan
Special Education Teacher

2005-2008

Eastwood Clinic
Rochester Hills, Michigan
Therapist**Licensure/Credentials**

1993 – Present

Teacher certification

2000 – Present

Licensed Professional Counselor