



## The Intergenerational Transmission of Maternal Codependency and its Impact on the Self-Esteem and Self-Concept Clarity of Eldest Daughters

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### Abstract

The present study aimed to assess relationship of codependency in mothers and their firstborn daughters, and to examine the relationship between mother codependency of daughters, their self-esteem and self-concept clarity. A correlational research design was employed, and participants were recruited through a purposive sampling. The Spann-Fischer Codependency Scale was administered on both mothers and daughters. Additionally, the Rosenberg Self-Esteem Scale and the Self-Concept Clarity Scale were administered on daughters. Results of correlation indicate that there is a significant positive relationship between the codependency of mothers and their daughters ( $r = .70$ ,  $p < .001$ ), reflecting intergenerational presence of codependency. Pearson correlations revealed that codependency was negatively correlated with self-concept clarity, while self-esteem was also significantly and negatively correlated with self-concept clarity. However, no significant relationship was observed between codependency and self-esteem. Simple linear regression analysis further showed that codependency significantly predicted self-concept clarity, with higher codependency scores associated with lower self-concept clarity. The intergenerational nature of codependency between mothers and daughters suggests that such relational dynamics may influence the development of daughters' identity development. The results underscore the need for interventions aimed at strengthening self-concept clarity via fostering healthier family relationships.

**Keywords:** Mother–Daughter Codependency, Self-Esteem, Self-Concept Clarity, Firstborn Daughters, Intergenerational Dynamics, Identity

### Introduction

The concept of codependency has gained increasing attention in psychology, particularly in relation to family systems and intergenerational patterns of behavior. Codependency is broadly defined as an excessive emotional or psychological reliance on another person for one's sense of self-worth and identity (Beattie, 1987; Cermak, 1986). Although originally conceptualized within the context of substance abuse and dysfunctional family systems, research has demonstrated that codependency extends far beyond addiction-related households. It often emerges in families where boundaries are blurred, emotional enmeshment prevails, and the needs of the individual are subordinated to maintaining relational harmony (Dear & Roberts, 2005). Within such contexts, maternal codependency carries particular significance, as mothers play a central role in shaping family dynamics and modeling relational patterns. The mother daughter relationship, in particular, has been recognized as one of the most influential in shaping identity development, given its role in transmitting emotional, cultural, and behavioral patterns across generations (Chodorow, 1999;

Parker, 2010). Mothers not only provide nurturance and guidance but also establish relational templates and coping mechanisms that daughters internalize as part of their developing self-concept (Herman & Schmid Mast, 2005). When maternal codependency characterizes this relationship, daughters may grow up in environments where their own emotional needs are overlooked and they are expected to prioritize others over themselves. These dynamics can have enduring psychological consequences, especially for eldest daughters. Research indicates that eldest daughters are often parentified taking on caregiving, mediating, and responsibility-bearing roles within the household making them particularly vulnerable to internalizing maternal patterns of codependency (Fuller-Thomson & Minkler, 2003; Hooper, 2007). This heightened responsibility may restrict their autonomy and reinforce identity confusion, leading to difficulties in establishing boundaries and a diminished sense of individuality.

Parallel to these relational processes are the constructions of self-esteem and self-concept clarity, both of which are central to healthy identity development. Self-esteem reflects an individual's evaluative sense of worth (Rosenberg, 1965), while self-concept clarity refers to the degree to which one's self-beliefs are clearly defined, consistent, and stable over time (Campbell et al., 1996). Deficits in either domain have been associated with a range of psychological difficulties, including depression, anxiety, and impaired relational functioning (Zeigler-Hill, 2013). Studies suggest that daughters raised in enmeshed or codependent households may struggle to distinguish their identities from their mothers, resulting in low self-esteem and weakened self-concept clarity (Wright & Wright, 1999; Knudson-Martin, 2013). In collectivist societies such as Pakistan, these dynamics may be even more pronounced. Traditional gender roles, intergenerational hierarchies, and expectations of filial duty often reinforce patterns of dependence and constrain daughters' opportunities for self-expression and autonomy (Qadir et al., 2005). Consequently, examining the intergenerational transmission of maternal codependency and its impact on eldest daughters' self-esteem and self-concept clarity provides both theoretical significance and practical implications. Understanding these processes is vital for developing culturally sensitive interventions aimed at breaking cycles of dysfunctional relational patterns and fostering healthier identity development across generations.

## **Research Objectives**

The specific objectives of this thesis are to:

- Operationalize and measure maternal codependency in the context of parent–child relationships, and to describe its prevalence in a sample of Pakistani families.
- Assess the intergenerational transmission of codependency by examining the association between mothers' codependent traits and the eldest daughters' perceptions of family enmeshment.
- Evaluate self-esteem and self-concept clarity in eldest daughters, using validated psychological scales, to determine their current levels of these constructs.
- Examine associations among variables: specifically, to test whether higher maternal codependency predicts lower self-esteem and lower self-concept clarity in eldest daughters.
- Explore cultural moderators: to investigate how sociocultural factors (e.g., family structure, traditional gender-role endorsement) might moderate the above relationships.
- Contribute to theoretical understanding by integrating family systems, attachment, and feminist frameworks in interpreting the findings.

## **Significance of Study**

The present study holds considerable significance in both academic and practical domains. In recent years, family dynamics and interpersonal relationships have been recognized as crucial determinants of psychological well-being (Barber & Buehler, 1996). Maternal codependency, a relational pattern characterized by excessive emotional reliance, enmeshment, and controlling behaviors can profoundly influence the psychological development of daughters. This research specifically addresses how maternal codependency affects two key aspects of psychological functioning in daughters, self-esteem and self-concept clarity. Firstly, the study contributes to the theoretical understanding of intergenerational transmission of maladaptive relational patterns. While existing literature has explored the influence of parenting styles on self-esteem and identity development, limited empirical research has examined the unique role of maternal codependency in shaping a daughter's self-perception and self-definition. By investigating this relationship, the study extends knowledge in family systems theory and self-development frameworks. Secondly, the findings have practical implications for mental health professionals, particularly counselors, therapists, and family psychologists. Understanding the detrimental effects of maternal codependency can guide the development of intervention programs aimed at fostering healthier boundaries, improving communication patterns, and enhancing daughters' self-worth and clarity of identity. Finally, in the socio-cultural context of Pakistan, where collectivistic values, family interdependence, and gender roles strongly influence relationship dynamics, the results can inform culturally sensitive therapeutic approaches. The study provides a basis for awareness programs and preventive strategies to break cycles of emotional enmeshment and promote psychological resilience among young women. In sum, this research bridges a significant gap in literature by linking maternal codependency with daughters' self-esteem and self-concept clarity, offering valuable insights for both academic research and applied practice.

### **Codependency**

Codependency is described as a dysfunctional relational pattern in which individuals place excessive reliance on others for validation, self-worth, and identity, often at the expense of their own needs and boundaries. Originally associated with families of individuals struggling with substance abuse, the concept has since expanded to encompass broader relational contexts. Codependent individuals typically exhibit traits such as low self-esteem, people-pleasing behaviors, emotional suppression, and difficulties with autonomy (Cermak, 1986; Wegscheider-Cruse, 2012). These individuals may feel a compulsive need to control or care for others, deriving a sense of purpose and value through these dynamics (Marks et al., 2012). Codependency is not formally recognized as a clinical diagnosis in the DSM-5; however, research highlights its psychological implications, such as heightened anxiety, depression, and poor self-concept (Dear & Roberts, 2005). In the context of maternal relationships, codependent patterns can be transmitted intergenerationally, shaping the daughter's emotional development, identity formation, and capacity for self-esteem (Fuller & Warner, 2000).

### **Components of Codependency**

**Excessive Caretaking.** One of the central features of codependency is an overwhelming preoccupation with meeting the needs of others while neglecting one's own well-being. Individuals often derive a sense of identity and self-worth from caring for others, even to the point of self-sacrifice (Wright & Wright, 1991). This caretaking behavior can become maladaptive when it reinforces dependency in relationships and leads to burnout and low self-esteem.

**Poor Boundaries.** Codependent individuals frequently struggle with setting and maintaining healthy interpersonal boundaries. They may feel overly responsible for others' emotions, take on others' problems as their own, or allow others to intrude into their personal lives without resistance

(Cermak, 1986). This lack of boundaries often fosters enmeshment, where the individual's identity becomes blurred with that of others.

**Low Self-Worth.** Another component of codependency is a fragile sense of self-esteem, often contingent on external validation and approval (Dear et al., 2004). Codependent individuals may feel unworthy of love or acceptance unless they are fulfilling others' needs. This reliance on external sources for self-worth reinforces cycles of unhealthy relationship dynamics.

**Difficulty with Assertiveness.** Codependent individuals often find it challenging to express their own needs, opinions, and emotions openly. Fear of rejection or conflict may lead them to suppress their feelings, comply with others' wishes, and avoid confrontation (Morgan, 1991). Over time, this pattern contributes to frustration, resentment, and confusion about one's true self.

### **Factors Affecting Codependency**

**Family Dynamics.** Family environment plays a significant role in shaping codependent behaviors. Dysfunctional family systems, where boundaries are blurred and emotional needs are unmet, often foster codependence. Children raised in households with inconsistent caregiving or enmeshment may learn to prioritize others' needs over their own, a core feature of codependency (Wright & Wright, 1991). Such dynamics often lead to difficulties in establishing autonomy and healthy interpersonal relationships in adulthood.

**Parental Substance Abuse or Mental Illness.** Parental substance abuse or untreated mental health conditions are strong predictors of codependency. Growing up in such environments often compels children to assume caretaking roles prematurely, leading to the development of excessive responsibility and emotional dependence (Cermak, 1986). These early adaptive behaviors, while functional during childhood, may persist in adulthood as maladaptive patterns of self-sacrifice and control.

**Cultural and Social Norms.** Cultural expectations and societal norms can also reinforce codependent tendencies. In collectivistic cultures, where self-sacrifice and family loyalty are highly valued, individuals may internalize codependent behaviors as normative (Scharff, 2019). While such values may promote social cohesion, they can also obscure unhealthy relational patterns, making codependence less recognized and more challenging to address.

**Personality Traits and Attachment Styles.** Individual differences, particularly personality traits and attachment styles, also influence susceptibility to codependency. Traits such as high agreeableness, perfectionism, or low self-esteem are linked to codependent tendencies (Mark, 2005). Similarly, insecure attachment styles, especially anxious-preoccupied attachment, are associated with an excessive reliance on others for validation and difficulty maintaining personal boundaries (Noriega et al., 2008).

### **Theories of Codependency**

**Family Systems Theory.** Family Systems Theory, proposed by Bowen (1978), provides one of the most influential frameworks for understanding codependency. This theory suggests that individual behavior cannot be understood in isolation but must be seen within the family context. In families with dysfunction, such as substance abuse, members often adapt roles that maintain balance within the system. The codependent individual, often a parent or child, takes on the role of caretaker, sacrificing their own needs to stabilize the family unit (Dear et al., 2004). This over functioning role creates patterns of enabling and emotional fusion, which are hallmarks of codependency.

**Attachment Theory.** Attachment Theory (Bowlby, 1969/1982) also provides insight into the origins of codependency. Individuals with insecure attachment styles, particularly anxious-preoccupied attachment, are more likely to exhibit codependent tendencies. Early experiences of

inconsistent caregiving may result in heightened fears of abandonment and low self-worth, leading to excessive reliance on others for validation and identity (Wells et al., 1999). Codependency, therefore, can be viewed as an adult manifestation of unresolved attachment insecurities.

**Addiction and Enabling Model.** The Addiction and Enabling Model emphasize codependency in the context of substance use disorders. According to this perspective, codependency develops as family members attempt to manage or control the behavior of a substance-dependent relative (Cermak, 1986). By enabling maladaptive behaviors such as covering up, providing financial support, or neglecting their own needs codependent individuals inadvertently perpetuate the cycle of addiction. Over time, this dynamic reinforces patterns of self-sacrifice, poor boundaries, and a sense of identity built around caretaking (Morgan, 1991).

### **Self- Esteem**

Self-esteem is broadly defined as an individual's overall evaluation of their own worth, encompassing both positive and negative self-perceptions (Rosenberg, 1965). It reflects how much people value, appreciate, and accept themselves, making it a central construct in personality psychology and mental health research. High self-esteem is generally associated with psychological well-being, resilience, and adaptive coping strategies, whereas low self-esteem has been linked to depression, anxiety, and various maladaptive behaviors (Orth & Robins, 2014). According to Baumeister et al. (2003), self-esteem serves as both an affective and cognitive evaluation of the self, influencing motivation, interpersonal relationships, and goal-setting. Importantly, self-esteem is not a static trait but develops through social interactions, parenting styles, and cultural factors, particularly in early family relationships (Harter, 2012). In the context of parent-child dynamics, maternal behaviors and relational patterns, such as codependency, can play a crucial role in shaping a daughter's self-esteem by either fostering validation and autonomy or reinforcing feelings of inadequacy and dependency.

### **Components of Self- Esteem**

Self-esteem is a multidimensional construct that goes beyond a general sense of self-worth. Researchers have identified several components that shape how individuals perceive and evaluate themselves. These components provide a nuanced understanding of self-esteem and its role in psychological well-being.

**Self-Worth.** Self-worth refers to the overall sense of value and respects an individual holds for themselves, independent of external achievements or failures (Rosenberg, 1965). It is the core foundation upon which other aspects of self-esteem are built, influencing how one interprets successes and setbacks.

**Self-Competence.** This component reflects an individual's beliefs about their ability to perform tasks effectively and achieve goals (Tafarodi & Swann, 2001). Self-competence contributes to motivation, resilience, and the pursuit of personal aspirations, especially in challenging circumstances.

**Self-Respect.** Self-respect entails treating oneself with dignity and setting boundaries that safeguard personal values and integrity (Neff, 2011). It is essential for maintaining healthy interpersonal relationships and preventing exploitation or self-neglect.

**Self-Acceptance.** Self-acceptance involves acknowledging both strengths and weaknesses without excessive self-criticism or denial (Harter, 2012). It promotes psychological flexibility and is strongly associated with emotional stability and life satisfaction.

**Social Confidence.** Social confidence refers to the belief in one's ability to form and sustain meaningful relationships while managing social interactions effectively (Mruk, 2006). It represents the interpersonal dimension of self-esteem, where individuals feel secure in their capacity to connect with others.

**Authenticity.** Authenticity is the extent to which individuals live in alignment with their true values and identity, rather than conforming to external expectations (Kernis & Goldman, 2006). High authenticity fosters self-esteem by reinforcing a coherent and stable self-concept.

### **Factors Affecting Self- Esteem**

**Parenting Styles and Early Attachment.** One of the most influential factors in the development of self-esteem is the nature of parenting and early attachment experiences. Warm, supportive, and responsive parenting fosters feelings of security and self-worth in children, while harsh, critical, or neglectful parenting often undermines self-esteem (Harter, 2012). According to attachment theory, secure attachment in early childhood lays the foundation for positive self-representations, whereas insecure attachment may lead to chronic self-doubt and low self-esteem (Bowlby, 1988). Parental validation, encouragement, and autonomy support also enhance a child's confidence in their abilities and worth, shaping self-esteem across development (Orth & Robins, 2014).

**Social Comparison and Peer Relationships.** Self-esteem is significantly influenced by how individuals perceive themselves in relation to others. Festinger's (1954) social comparison theory suggests that people evaluate their self-worth by comparing themselves to peers, which can either enhance or diminish self-esteem depending on the outcome. Supportive friendships and positive peer acceptance are linked with higher self-esteem, while bullying, exclusion, or unfavorable comparisons on factors such as physical appearance or academic performance often contribute to diminished self-esteem (Rubin et al., 2015). In adolescence, peer approval becomes especially critical, and rejection or negative feedback from peers can have lasting implications for self-concept and confidence.

**Cultural and Societal Influences.** Cultural values and societal expectations also shape self-esteem by influencing standards of success, beauty, and morality. In individualistic cultures, self-esteem is often tied to personal achievements and independence, while in collectivist cultures, it is more closely connected to social harmony and fulfilling family obligations (Heine et al., 1999). Gender norms can further complicate these dynamics, as women may internalize societal pressures related to appearance or caregiving roles, which can undermine their self-worth if expectations are unmet (Josephs et al., 1992). Thus, cultural context plays a pivotal role in defining the standards against which individuals evaluate themselves.

**Academic and Occupational Achievement.** Performance in academic and professional settings is another crucial determinant of self-esteem. Success and mastery experiences often reinforce competence and positive self-appraisal, while repeated failures or lack of recognition can erode self-confidence (Bandura, 1997). Students who perceive themselves as academically competent tend to report higher self-esteem, whereas those struggling academically may internalize feelings of inadequacy (Orth et al., 2018). Similarly, in adulthood, occupational status and career accomplishments often serve as markers of competence and value, thereby influencing overall self-esteem.

**Sociometer Theory of Self-Esteem.** Mark Leary and colleagues (1995) proposed the sociometer theory, which conceptualizes self-esteem as an internal monitor of social acceptance and belongingness. According to this model, self-esteem functions like a "sociometer," alerting individuals to the degree of inclusion or rejection they experience within social groups. Low self-esteem signals possible exclusion or disapproval, prompting behaviors aimed at restoring acceptance. For instance, a person who perceives social rejection may experience decreased self-esteem and subsequently modify their behavior to gain approval. This theory highlights the evolutionary function of self-esteem, suggesting that it developed as a mechanism to help individuals maintain interpersonal bonds critical for survival (Leary & Baumeister, 2000).

### **Self-Concept Clarity**

Self-concept clarity (SCC) refers to the extent to which an individual's beliefs about themselves are clearly defined, internally consistent, and stable over time (Campbell et al., 1996). A person with high self-concept clarity possesses a coherent and confident sense of who they are, whereas low self-concept clarity is associated with uncertainty, instability, and fragmented self-views. Research has shown that SCC is a critical aspect of psychological functioning, as it influences emotional well-being, self-esteem, and interpersonal relationships (Bigler et al., 2001). For instance, individuals with lower SCC often experience greater vulnerability to anxiety, depression, and social comparison (DeMarree & Bobrowski, 2017). In contrast, higher self-concept clarity contributes to resilience, consistent decision-making, and a stronger capacity to navigate identity-related challenges (Usborne & Taylor, 2010). Thus, SCC serves as a fundamental construct in understanding how people perceive themselves and maintain a coherent identity, particularly in contexts where familial and intergenerational dynamics shape one's sense of self.

### **Components of Self-Concept Clarity**

Self-concept clarity (SCC) is not a single, fixed quality but rather a multidimensional construct reflecting different facets of how individuals perceive and understand themselves. Researchers have identified several key components that contribute to a clear and coherent sense of self.

**Consistency Across Situations.** A central component of SCC is the extent to which an individual's self-belief remains stable across different social settings and roles. People with high SCC maintain a relatively consistent view of themselves, regardless of external circumstances, while those with low SCC often shift their self-perceptions depending on context (Campbell et al., 1996).

**Stability Over Time.** Another important element of SCC is temporal stability, which refers to how enduring one's self-concept remains across time. A clear self-concept is less likely to fluctuate with temporary moods or external feedback, whereas unclear self-concepts may change frequently, leading to confusion and identity-related distress (DeMarree & Morrison, 2022).

**Confidence in Self-Beliefs.** Individuals with high SCC tend to have greater confidence in their self-knowledge. This means they are more certain about who they are and less doubtful about their attributes, values, and preferences. Conversely, low SCC is marked by hesitation and uncertainty in self-judgments (Bigler et al., 2001).

**Internal Coherence.** SCC also involves coherence, or the degree to which different aspects of the self-fit together in a harmonious way. People with high SCC experience fewer contradictions within their self-concept, whereas those with low SCC may feel conflicted or fragmented, struggling to integrate opposing aspects of themselves (Showers & Zeigler-Hill, 2004).

**Resistance to External Influence.** Finally, SCC is characterized by a person's ability to resist undue influence from others when defining themselves. High SCC individuals are less likely to redefine their self-concept based on social approval or external pressures, while low SCC individuals may be more easily swayed, leading to instability and confusion (Setterlund & Niedenthal, 1993).

### **Factors Affecting Self-Concept Clarity**

**Parenting Style.** The way parents raise and interact with their children plays a critical role in shaping self-concept clarity. Authoritative parenting, characterized by warmth and consistency, often fosters higher levels of self-concept clarity, while authoritarian or neglectful styles may contribute to confusion and low self-definition (Klimstra et al., 2010).

**Attachment Patterns.** Early attachment experiences with caregivers also influence self-concept clarity. Secure attachment provides a stable foundation for identity development, whereas insecure

or disorganized attachment may lead to uncertainty and fluctuations in self-concept (Baldwin & Keefer, 2019).

**Social Relationships and Peer Influence.** Adolescents and young adults often refine their self-concept through peer interactions. Supportive friendships and positive social feedback promote clarity, while peer rejection or social comparison can undermine one's sense of self (Diehl & Hay, 2011).

**Cultural and Societal Context.** Cultural norms, gender roles, and societal expectations also shape self-concept clarity. Collectivist cultures may emphasize relational identity, leading to fluid self-concept, while individualistic cultures often encourage stable, independent self-concepts (Campbell et al., 2003).

**Psychological Well-Being.** Mental health conditions such as anxiety, depression, and codependency can significantly affect self-concept clarity. Psychological distress is often linked to self-concept instability, whereas higher self-esteem and emotional regulation contribute to greater clarity (van Dijk et al., 2014).

### **Theories of Self-Concept Clarity**

**Self-Discrepancy Theory.** Self-Discrepancy Theory (Higgins, 1987) proposes that people's self-concept is shaped by the degree of congruence between their actual self (who they perceive themselves to be), ideal self (who they aspire to be), and ought self (who they believe they should be based on societal or familial expectations). When discrepancies exist, individuals experience negative emotional states such as guilt, anxiety, or shame, which in turn disrupt self-concept clarity. For instance, someone who values academic excellence (ideal self) but struggles academically (actual self) may feel uncertain about their identity and abilities. Thus, minimizing self-discrepancies fosters greater clarity and stability in one's self-concept.

**Social Comparison Theory.** According to Social Comparison Theory (Festinger, 1954), individuals develop self-knowledge and a sense of clarity by comparing themselves to others. These comparisons can be upward (with those perceived as better off) or downward (with those perceived as worse off). While upward comparisons may motivate self-improvement, they can also create self-doubt if the gap seems unattainable, thereby reducing self-concept clarity. On the other hand, downward comparisons can enhance feelings of competence and strengthen self-concept, but if relied on excessively, they may foster fragile or defensive clarity. In this sense, social context plays a pivotal role in shaping how stable and consistent one's self-concept is.

### **Literature Review**

In many families, especially those with traditional gender roles, codependency can become an embedded pattern of relating, shaping parent-child dynamics across generations. Codependency is broadly characterized as a relational pattern in which one-person (often a parent) over-focuses on others' needs, enabling or even controlling them at the expense of their own individuality. A mother with codependent tendencies may sacrifice her own well-being to "care" for her children, demanding in return that her child's behavior validates her worth. In such households, an eldest daughter – often socialized as a second mother or caretaker – may inherit these dynamics. This intergenerational transmission can influence her sense of self, including her self-esteem (her overall sense of worth) and self-concept clarity (the extent to which her identity is clear and stable). These questions are particularly urgent in the sociocultural context of Pakistan, where patriarchy and collectivism assign heavy familial duties to firstborn daughters (often at the cost of their personal development). Preliminary observations suggest that Pakistani eldest daughters frequently assume substantial household and emotional responsibilities. In collectivist cultures like Pakistan, family success and honor are prioritized, and firstborn girls are often implicitly or explicitly treated as "second parents" or family mediators. Such roles, while culturally sanctioned,



may limit opportunities for individuation. If a mother herself is enmeshed in a codependent style unable to maintain appropriate emotional boundaries, the eldest daughter may have little guidance or space to form an independent identity. The present study therefore examines how maternal codependency is passed down to eldest daughters, and how this affects daughters' self-esteem and self-concept clarity, within Pakistani families. Codependency emerged as a clinical concept in the late 20th century, originally to describe family patterns in the context of addiction and mental illness. It refers to a dysfunctional focus on caring for others – often enabling another's dysfunction – and is marked by boundary confusion, excessive caretaking, and a lack of authentic selfhood. In codependent relationships, one partner (or parent) typically enforces an imbalanced focus on another's needs while neglecting or suppressing their own. For example, mothers with codependent patterns may become hyper vigilant caretakers, striving to be “perfect” and relying on their child's behavior to validate their own self-worth. In turn, such mothers may unconsciously train their daughters to meet the same standards and to put others' needs above their own. Empirical research on codependence is relatively scarce, but available studies hint at its familial origins and psychological consequences. Studies of Pakistani families report that women and girls' shoulder most of the domestic and care work – roles that are framed as moral duties – often with little recognition. For example, one recent qualitative study from Karachi found that female caregivers described their duties (caring for elders and children) as a life-long familial obligation, influenced by strong religious and cultural norms. In such an environment, firstborn daughters may be socialized early as “helpers” or mini-parental figures. The cumulative effect of these gendered expectations, on top of any mother's codependent modeling, could profoundly shape a daughter's emerging self-concept. The current study therefore integrates global findings on codependency and identity with the specific cultural backdrop of Pakistani gender roles. It seeks to deepen understanding of how maladaptive family patterns like codependency transmit across generations of women, and what this means for daughters' psychological development.

### **Self-Esteem**

Self-esteem is defined as an individual's overall subjective evaluation of their own worth or value as a person. It is the extent to which one feels positively or negatively about oneself. Classic psychological theory by Rosenberg and others (1965) posited global self-esteem as a single dimension, while more recent work has examined its factor structure; however, most agree that at its core self-esteem reflects one's sense of being “good enough” or worthy. Self-esteem is often treated as an effective or evaluative component of self-concept. In practice, high self-esteem is associated with confidence and well-being, whereas low self-esteem correlates with depression, anxiety, and relationship difficulties. Longitudinal research indicates that self-esteem is influenced by many factors, including family processes: for example, positive parenting behaviors such as warmth and involvement tend to boost children's self-esteem, while negative factors like parental mental health problems can undermine it. Within this study, self-esteem refers to the elder daughter's global sense of personal value and worth. We are particularly interested in how the family dynamics stemming from maternal codependency might affect an eldest daughter's self-evaluations. For instance, if a daughter grows up learning that her primary role is to be responsive to her mother's needs, she may judge herself primarily by how well she cares for others, potentially leaving little stable sense of personal worth outside that role. A recent cross-cultural study found that Pakistani adults reported less desire for elevated self-esteem than Canadians. Pakistani participants believed more in self-esteem's communal benefits (improving social harmony) and less in its personal power. This suggests that in honor-based, collectivist contexts, modest self-evaluations may be culturally valued or expected. Nevertheless, harsh family environments still

harm self-esteem: South Asian immigrant narratives describe eldest daughters suppressing emotions to uphold family honor, a dynamic that leads to anxiety and lower self-worth.

### **Self-Concept Clarity**

Self-concept clarity is a measure of the coherence, consistency, and stability of one's self-concept over time. It reflects how clearly and confidently one sees themselves; a person with high self-concept clarity has a well-defined and consistent sense of who they are, whereas low clarity implies a fragmented or unstable identity. Research by Campbell et al. (1996) defines SCC as "the extent to which one's self-concept is clearly and confidently defined, internally consistent, and temporally stable". Similarly, recent studies describe SCC as the degree to which individuals have "a clear, confident, coherent, and relatively stable sense of their identities". Self-concept clarity is crucial for healthy identity development. People with high SCC tend to have more stable goals and beliefs, better well-being, and greater resilience to stress. Conversely, low SCC is linked to anxiety, identity confusion, and reliance on external validation. Importantly, family environment can influence SCC: excessive role demands, and blurred boundaries may prevent a child from exploring and solidifying a personal identity. In an enmeshed or codependent family, the child's self-concept may be overly intertwined with the parent's expectations, leading to lower clarity.

### **Theoretical Framework**

To understand how maternal codependency might influence daughters' identity, we draw on several interrelated theoretical perspectives: Family Systems Theory, Attachment Theory, Identity Development models, and feminist/cultural frameworks. These theories help explain why patterns of enmeshment and role-taking can be transmitted across generations and how they impact self-concept. In Pakistan specifically, there is a strong emphasis on family honor and obedience. Eldest daughters often internalize that their primary duty is to the family's collective well-being. For instance, in many Pakistani homes, parents emphasize obedience and care for family as the highest virtues for women. The eldest daughter may be taught from childhood that by serving the family, she upholds its honor. The sociocultural expectation is that she remains loyal and selfless. This culturally prescribed role means that even without an overt codependent mother, many eldest daughters experience a form of communal codependency – they derive identity from meeting family needs. When maternal codependence overlaps with this cultural context, the effects on the daughter can be magnified. The mother's own inability to set boundaries may persuade the daughter that there is no alternative path. She may believe that asserting her own goals would betray her family.

**Effects on Self-Concept Clarity.** Self-concept clarity depends on having a stable, consistent identity. In a healthy developmental trajectory, adolescents experiment with roles and then integrate them into a coherent self-definition. However, in codependent families, the eldest daughter's roles may be largely assigned rather than chosen. Psychological consistency becomes a challenge when one's identity is defined primarily by meeting others' expectations rather than by self-selected values. From Bowen's perspective, fusion blurs personal boundaries. A codependent mother and her daughter may share emotional experiences so closely that the daughter has difficulty distinguishing "her" feelings from "the mother's" feelings. This emotional enmeshment can translate into a confused self-concept: the daughter may continuously adapt herself to mirror the mother's mood or needs, making her sense of who she truly is very unstable. Research on enmeshed family systems suggests that children in such contexts struggle to individuate; when roles are confused, identity becomes fragmented. Indeed, the very definition of self-concept clarity – one's consistent and coherent self-beliefs– will likely suffer if a young

woman never had the freedom to form those beliefs independently. Furthermore, consider the eldest daughter who has been parentified as a pseudo-parent. Her identity development may center on being “the helper” or “the perfect daughter,” while her own personal traits (e.g., creative interests, personal values) remain unexplored. Such a role-based identity is inherently low in clarity because it rests on external roles that can change (for instance, when siblings grow up or the family splits). If her life narrative is dominated by service to others, the question “Who am I when I stop serving?” can lead to a sense of emptiness or fragmentation. This phenomenon has been observed in identity research: consistently acting out multiple roles without self-reflection can lead to identity diffusion (an unstable, incoherent self-concept).

## **Methodology**

### **Research Approach**

A quantitative approach was adopted to test predefined hypotheses using numeric data. This approach is suitable given the objective of measuring psychological constructions (e.g., codependency, self-esteem) across a large sample, enabling statistical analysis and hypothesis testing.

### **Research Design**

This study employed a correlational research design to explore associations between mothers and their daughters’ codependency and its psychological impact on eldest daughters. This design is appropriate for assessing naturally occurring relationships without manipulating variables, allowing examination of both correlative and predictive associations with psychological outcomes in daughters.

### **Sample**

The sample comprised of 300 mother eldest daughter dyads recruited from universities, communities, and online platforms across Pakistan. Participants were selected through purposive sampling, targeting biological mother eldest daughter pairs where the daughter is aged 18–30 years. To enhance reach, snowball sampling was also utilized.

### **Variables**

#### **Mother’s Codependency (Independent Variable 1)**

Mother’s codependency refers to a mother’s excessive emotional and psychological reliance on others, often to the detriment of her own identity and boundaries. According to Fischer, Spann, and Crawford (1991), codependency is a dysfunctional pattern of relating, characterized by extreme external focus, suppression of emotions, and deriving self-worth from the approval or needs of others. In this study, it is conceptualized as a stable interpersonal style transmitted across generations, potentially shaping the self-perception and emotional regulation of daughters.

#### **Daughter’s Codependency (Independent Variable 2)**

The daughter’s codependency functions as the mediating variable between mother’s codependency and the daughter’s psychological outcomes. As per the same definition by Fischer et al. (1991), it involves chronic self-neglect, difficulty setting boundaries, and deriving validation from others, particularly close family members. In this context, it reflects the extent to which the daughter has internalized or modeled her mother’s relational patterns.

### **Self-Esteem (Dependent Variable 1)**

Self-esteem is defined as an individual's overall sense of personal worth or value. Rosenberg (1965) described it as a global, stable self-evaluation; how positively or negatively an individual view themselves. It encompasses self-respect, self-acceptance, and confidence. In this study, self-esteem represents the subjective evaluation of self-worth as influenced by interpersonal dynamics and familial emotional patterns.

### **Self-Concept Clarity (Dependent Variable 2)**

Self-concept clarity refers to the extent to which an individual's beliefs about themselves are clearly and confidently defined, internally consistent, and stable over time. Campbell et al. (1996) emphasize that individuals with high self-concept clarity possess a coherent and stable sense of self, while those with low clarity experience confusion, inconsistency, and fluctuation in self-perception. This construction is critical in understanding identity development, especially in daughters shaped by enmeshed or codependent mother-daughter relationships.

### **Study Scales**

#### **Rosenberg Self-Esteem Scale**

The Rosenberg Self-Esteem Scale is a widely used 10-item scale of global self-esteem (Rosenberg, 1965). Respondents indicate agreement (1 = strongly disagree to 4 = strongly agree) with statements about self-worth. There are five positively worded and five negatively worded items; negative items are reverse scored. The items are summed up to yield a total score ranging from 10 to 40. Higher totals reflect higher self-esteem. In prior studies the RSES has demonstrated high internal consistency ( $\alpha \approx .77-.90$ ) and good test-retest reliability ( $r \approx .85$  over 2 weeks; Schmitt & Allik, 2005). For example, the scale's reliability was  $\alpha \approx .905$  in one sample (Sinclair et al., 2010). It has been validated across cultures, including in Pakistan, where it has shown adequate psychometric properties (Salim et al., 2012), and is treated as a unidimensional measure of global self-worth.

#### **Spann-Fischer Codependency Scale**

The Spann-Fischer Codependency Scale (SFCDS) is a 16-item self-report scale that measures codependent attitudes and behaviors (Fischer, Spann, & Crawford, 1991). Items (e.g., "It is hard for me to say 'no'.") are rated 1 = Strongly Disagree to 6 = Strongly Agree. Two items (Numbers 5 and 7) are reverse-scored, and all items are summed to produce a total score (range 16–96). Higher scores denote greater codependency, whereas scores near 16 indicate very low codependent tendencies. In the original validation, the average SFCDS score was about 52.6 (midpoint of the 16–96 range; Fischer et al., 1991). The SFCDS has shown acceptable psychometrics: Cronbach's  $\alpha \approx .86$  and two-week test-retest  $r \approx .87$ , with internal consistency generally above .80 in adult samples (Marks et al., 2011). The scale's total score captures the construct as defined by Fischer and Spann and has been used in diverse populations.

#### **Self-Concept Clarity Scale**

The Self-Concept Clarity Scale is a 12-item scale assessing the clarity and stability of one's self-concept (Campbell et al., 1996). Respondents rate items (e.g., "My beliefs about myself often conflict with one another.") on a Likert scale (commonly 1 = Strongly Disagree to 5 or 7 = Strongly Agree). Ten items are positively keyed and, in some versions, 2 are negatively keyed. After reverse-coding the latter, item scores are averaged or summed. Higher composite scores indicate a clearer, more consistent self-view. It has excellent reliability; for example,  $\alpha \approx .92$  in one sample (Campbell et al., 1996) and  $\alpha \approx .83$  in another (Stucke & Sporer, 2002). It has shown a

unidimensional factor structure and expected correlations, such as positive correlation with self-esteem (Bigler et al., 2001).

### Hypotheses

- **H<sub>1</sub>:** There is no significant correlation between mothers' codependency and eldest daughters' codependency.
- **H<sub>2</sub>:** There is a significant positive correlation between mothers' and daughter codependency.
- **H<sub>3</sub>:** Mothers' codependency does not significantly predict daughters' self-esteem.
- **H<sub>4</sub>:** Mothers' codependency significantly predicts negative self-esteem in daughters.
- **H<sub>5</sub>:** Mothers' codependency does not significantly predict daughters' self-concept clarity.
- **H<sub>6</sub>:** Mothers' codependency significantly predicts weaker self-concept clarity in daughters.

### Data Analysis

All quantitative data were analyzed using IBM SPSS Statistics (Version 21). Prior to hypothesis testing, data were subjected to a rigorous screening process. Missing data and outliers were identified using Z-scores. Data were also examined to ensure they met the assumptions for the statistical tests, including checking for normality and linearity. Descriptive statistics, including means, standard deviations, frequencies, and ranges, were computed to summarize participant characteristics and scale distributions. To test H1 and H2, which hypothesize a relationship between mothers' and daughters' codependency, a Pearson correlation analysis was conducted to examine the strength and direction of this relationship. For H3, H4, H5, and H6, which posit that maternal codependency predicts daughters' self-esteem and self-concept clarity, simple linear regression analyses were performed. All statistical tests were conducted at a significance level of  $\alpha = 0.05$ .

### Results

Data gathered for the present study was analyzed by employing SPSS. Appropriate statistical analyses were done to test the hypothesis and to fulfill the objectives of the study. Pearson correlation was used to determine the intergenerational relationship between mothers' and firstborn daughters' codependence. In addition, Pearson correlation was used to determine the relationship between self-esteem, self-concept clarity and codependency. Simple linear regression was used to determine whether codependency predicts negative self-esteem and negative self-concept clarity or not.

**Table 1 Mean, Standard Deviation, Frequency and Percentage of Demographic Variables of the Sample**

| <b>Variables</b>      |          | <b>f</b> | <b>%</b> |
|-----------------------|----------|----------|----------|
| Role of Respondent    |          |          |          |
|                       | Mother   | 300      | 99.3     |
|                       | Daughter | 300      | 99.7     |
| Mother Age            |          |          |          |
|                       | 21-30    | 30       | 9.4      |
|                       | 31-40    | 147      | 49.2     |
|                       | 41-50    | 12       | 41.4     |
| Mother Marital Status |          |          |          |
|                       | Single   | 16       | 4.8      |
|                       | Married  | 277      | 91.7     |
|                       | Divorced | 7        | 2.3      |
| Mother Family System  |          |          |          |
|                       | Joint    | 91       | 30.1     |

|                         |          |     |      |
|-------------------------|----------|-----|------|
| Mother Education        | Nuclear  | 206 | 68.2 |
|                         | 12 Years | 114 | 37.7 |
|                         | 14 Years | 116 | 38.4 |
|                         | 16 Years | 70  | 23.2 |
| Daughter Age            | 18-20    | 20  | 6.6  |
|                         | 21-30    | 274 | 90.7 |
|                         | 31-40    | 6   | 2    |
| Daughter Marital Status | Single   | 281 | 84.3 |
|                         | Married  | 19  | 6.3  |
| Daughter Family System  | Joint    | 94  | 21.3 |
|                         | Nuclear  | 206 | 67.9 |
| Daughter Education      | 12 Years | 28  | 8.6  |
|                         | 14 Years | 92  | 31.3 |
|                         | 16 Years | 180 | 59.6 |

Note. N= 600, M=Mean, SD= Standard Deviation, f= frequency, %= percentage

Table 1 presents the demographic characteristics of the study participants, which included 300 mothers and 300 daughters (N = 600). Most mothers were between the ages of 31 and 40 years (49.2%), followed by 41 to 50 years (41.4%), whereas a small proportion were 21 to 30 years old (9.4%). In terms of marital status, most mothers were married (91.7%), with only a few reporting being single (4.8%), and divorced (2.3%). Regarding family structure, most mothers resided in nuclear families (68.2%), while 30.1% lived in joint families. Mothers' educational levels showed relatively balanced representation, with 37.7% having completed 12 years of education, 38.4% having 14 years, and 23.2% having 16 years of education. The daughters were predominantly younger, with most falling between 21 and 30 years of age (90.7%), followed by a smaller group aged 18 to 20 years (6.6%) and only 2% in the 31 to 40 years category. In terms of marital status, the majority were single (84.3%), and 6.3% were married; none were divorced. Like their mothers, most daughters belonged to nuclear families (67.9%), while 21.3% were part of joint family systems. Educational attainment among daughters was relatively higher compared to mothers, with the majority having completed 16 years of education (59.6%), followed by 14 years (31.3%) and 12 years (8.6%). Overall, the demographic data suggests that the sample comprised primarily middle-aged, married mothers and young, single daughters, with both groups largely living in nuclear families. A notable generational difference was observed in education, as daughters reported substantially higher levels of educational attainment compared to their mothers.

Table 2 Psychometric Properties of the Study Variables

| Variables               | N   | Items | $\alpha$ |
|-------------------------|-----|-------|----------|
| Codependency            | 300 | 16    | 0.84     |
| Codependency            | 300 | 16    | 0.85     |
| Self-Esteem             | 300 | 10    | 0.63     |
| Self-Concept    Clarity | 300 | 12    | 0.70     |

Note. N= No. of Participants, Items= No. of Scale Items,  $\alpha$ = Cronbach's alpha

The internal consistency and reliability of the scales used in the study were assessed using Cronbach's alpha ( $\alpha$ ). The Spann-Fischer Codependency scale applied to mothers, comprising 16 items, demonstrated excellent reliability with an alpha coefficient of  $\alpha = .84$ . The Spann-Fischer Codependency scale applied to daughters, also consisting of 16 items, showed excellent reliability with  $\alpha = .85$ . The Self-Concept Clarity scale, comprising 12 items, demonstrated good reliability as well with a Cronbach's alpha of  $\alpha = .70$ . However, the Rosenberg Self-Esteem scale, containing 10 items, indicated acceptable internal consistency with  $\alpha = .63$ .

**Table 3 Correlation between mother and their daughters' codependency**

| Variable | M     | SD    | 1     | 2 |
|----------|-------|-------|-------|---|
| 1. CM. T | 52.94 | 14.43 | —     |   |
| 2. CD. T | 55.89 | 14.67 | .70** | — |

Note. CM.T = codependency mothers, CD.T = codependency daughters, M= Mean, SD= Standard Deviation,  $p < .01$

Pearson correlation analysis showed a significant positive correlation between CM.T and CD.T,  $r(298) = .699$ ,  $p < .001$ . This indicates that higher scores on CM.T are strongly associated with higher scores on CD.T. According to Cohen's (1988) guidelines, this represents a large effect size.

**Table 4 Correlations among Codependency, Self-Esteem and Self-Concept Clarity**

| Variables               | M     | SD    | 1      | 2       | 3       |
|-------------------------|-------|-------|--------|---------|---------|
| 1. Codependency         | 54.41 | 14.61 | 1      | .06     | -.20**  |
| 2. Self-Esteem          | 23.55 | 4.22  | .06    | 1       | -.33*** |
| 3. Self-Concept Clarity | 35.37 | 7.08  | -.20** | -.33*** | 1       |

Note. N = 300 for correlations involving RSE and SCCS; N = 600 for CODEP.  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

Pearson correlation analysis revealed that codependency was significantly and negatively correlated with self-concept clarity ( $r = -.20$ ,  $p < .01$ ), indicating that higher codependency is associated with lower clarity of self-concept. Self-esteem was also significantly and negatively correlated with self-concept clarity ( $r = -.33$ ,  $p < .01$ ), suggesting that lower self-esteem is linked to reduced self-concept clarity. However, codependency and self-esteem were not significantly correlated ( $r = .06$ ,  $p = .33$ ).

**Table 5 Simple Linear Regression Self-Esteem from Codependency**

| Predictor    | B     | SE B | $\beta$ | t     | p    |
|--------------|-------|------|---------|-------|------|
| Constant     | 22.65 | 0.96 | —       | 23.51 | .001 |
| Codependency | 0.02  | 0.02 | 0.06    | 0.98  | .329 |

Note.  $R^2 = .003$ , Adjusted  $R^2 = .000$ ,  $F(1, 298) = 0.96$ ,  $p = .329$ .

A simple linear regression showed that codependency did not significantly predict self-esteem,  $F(1, 298) = 0.96$ ,  $p = .329$ ,  $R^2 = .003$ , indicating that only 0.3% of the variance in self-esteem scores was explained by codependency.

**Table 6 Simple Linear Regression Predicting Self-Concept Clarity from Codependency**

| Predictor    | B      | SE B  | $\beta$ | t     | p    |
|--------------|--------|-------|---------|-------|------|
| Constant     | 40.82  | 1.59  | —       | 25.76 | .001 |
| Codependency | -0.097 | 0.027 | -0.201  | -3.55 | .001 |

Note.  $R = .201$ ,  $R^2 = .041$ , Adjusted  $R^2 = .037$ ,  $F(1, 298) = 12.59$ ,  $p < .001$ .

A simple linear regression revealed that codependency significantly predicted self-concept clarity,  $F(1, 298) = 12.59$ ,  $p < .001$ , accounting for 4.1% of the variance ( $R^2 = .041$ ). Higher codependency scores were associated with lower self-concept clarity ( $B = -0.097$ ,  $p < .001$ ).

## Discussion

The present study was undertaken to examine the intergenerational transmission of maternal codependency and its subsequent impact on the psychological functioning of eldest daughters. Specifically, the research sought to explore how mothers' levels of codependency influence their daughters' self-esteem and self-concept clarity, with a focus on the eldest daughter role within the family system. The primary objectives were twofold: to investigate whether mothers' codependency is significantly associated with daughters' codependency, to examine whether maternal codependency predicts daughters' self-concept clarity and self-esteem. In pursuing these objectives, the study aimed to address a notable gap in literature. While codependency has been studied in relation to spousal relationships and family dysfunction (Dear et al., 2004; Marks et al., 2012), its intergenerational transmission particularly between mothers and daughters remained underexplored. Furthermore, existing literature seldom distinguished the eldest daughter from other siblings, despite developmental psychology suggesting that birth order can significantly shape identity formation, autonomy, and relational dynamics (Eckstein, 2000). This study sought to bridge these gaps by placing eldest daughters at the center of inquiry and examining their psychological outcomes in relation to mothers' codependency. The study also aimed to broaden the understanding of self-concept clarity and self-esteem as outcomes of intergenerational dynamics. Self-esteem has long been regarded as a global indicator of psychological well-being (Rosenberg, 1965), while self-concept clarity has emerged as an important construct linked to resilience, emotional regulation, and interpersonal functioning (Campbell et al., 1996). By situating these outcomes in the context of maternal codependency, the research hoped to shed light on how relational enmeshment, lack of autonomy, and diffuse boundaries within mother–daughter dyads may hinder the eldest daughter's development of a stable and positive sense of self.

Another key objective of the study was to highlight the cultural dimension of these dynamics. In collectivistic and patriarchal contexts such as Pakistan, eldest daughters are often ascribed heightened caregiving roles, familial responsibility, and moral authority within the household (Qadir et al., 2005). This positioning may intensify the transmission of maternal codependency, as daughters are expected to prioritize familial harmony and caregiving over personal autonomy and self-expression. Thus, the study aimed not only to contribute to psychological literature broadly but also to situate its findings within a sociocultural framework where gendered expectations intersect with intergenerational relational patterns.

Ultimately, the overarching goal of the study was to demonstrate how the dynamics of maternal codependency may extend beyond mothers themselves to shape the psychological trajectories of their daughters. By focusing on eldest daughters, the study highlighted the intersection of intergenerational transmission, gendered responsibility, and psychological outcomes. This objective reflects a commitment to understanding the complex interplay between family systems,



cultural contexts, and individual mental health, an interplay that is particularly salient in patriarchal societies where daughters' roles are deeply intertwined with maternal expectations.

Codependency is a heterogeneous construct (affective enmeshment, caregiving, boundary diffusion), and a single aggregate score may obscure cross-generational differences in how the construct manifests. If mothers and daughters express different facets (e.g., maternal affective enmeshment vs. daughters' behavioral caretaking), simple correlation coefficients will underrepresent these nuanced correspondences. Prior comparative work recommends disaggregation and multi-method assessment to capture these differences (Kolenova et al., 2024; Lymankina & Zarytska, 2023). The lack of association between codependency and global self-esteem suggests that global self-worth is maintained by compensatory social and cultural resources. Rosenberg-type global esteem may be sustained by academic success, social recognition, or religious/community identity in collectivist settings (Karapet, 2024; Kolenova et al., 2024).

Future research must use longitudinal, dyadic designs (e.g., cross-lagged panels; actor-partner interdependence models) to test temporal precedence and mutual influence. Recommended mediators: attachment security, boundary clarity, and family communication; recommended moderators: cultural orientation (collectivism-individualism), socioeconomic status, and sibling composition. Mixed-methods studies combining standardized instruments with qualitative interviews will elucidate subjective meanings and role interpretations among eldest daughters (Kolenova et al., 2024; Lymankina & Zarytska, 2023). Finally, pilot RCTs of identity-focused interventions (group and family modalities) should evaluate effects on self-concept clarity and relational functioning.

In sum, maternal codependency in this sample is associated with diminished self-concept clarity in eldest daughters but not with diminished global self-esteem, and mother-daughter similarity in codependency was not observed. The findings argue for multi-level, culturally sensitive conceptualizations of intergenerational transmission in which maternal modeling is one influence among many. Interventions should prioritize identity coherence and boundary competence to disrupt maladaptive intergenerational patterns.

### **Limitations of the Study**

Several limitations should be noted:

**Sampling Method.** Purposive and snowball sampling may have introduced bias, limiting generalizability beyond urban, educated participants.

**Cultural Context.** Findings reflect Pakistani cultural dynamics, where family roles and gender expectations may influence relational patterns differently than in Western contexts.

**Cross-Sectional Design.** The correlational design precludes causal inferences; it cannot be concluded with certainty that maternal codependency causes reduced self-concept clarity.

**Self-Report Bias.** Reliance on self-report questionnaires may have introduced social desirability bias, especially around sensitive topics like family functioning.

**Measurement Limitations.** The Rosenberg Self-Esteem Scale showed only moderate reliability ( $\alpha = .63$ ), possibly underestimating true relationships with other variables.

### **Suggestions for Future Research**

**Longitudinal Studies.** Track mother-daughter dyads over time to clarify causal pathways of codependency transmission.

**Cultural Comparisons.** Compare samples across collectivist and individualist societies to explore cultural moderators of intergenerational dynamics.

**Mixed-Methods Approach.** Incorporate qualitative interviews to capture the lived experiences of eldest daughters and provide deeper insights beyond numerical data.

**Expanded Variables.** Investigate additional mediators, such as attachment style, family communication patterns, or sibling position, to refine understanding of transmission mechanisms.

**Clinical Populations.** Examine whether codependency impacts self-esteem differently in clinical versus non-clinical populations (e.g., families with addiction histories).

### **Implications of the Study**

The present study carries several important implications for mental health professionals, parents, educators, and researchers. The findings provide a deeper understanding of how maternal codependency can affect daughters' self-esteem and self-concept clarity. This knowledge can be used to guide practical actions and informed decisions aimed at improving the emotional and psychological well-being of daughters raised in codependent family environments. For mental health professionals, these results can serve as a foundation for designing targeted counseling and therapeutic interventions. Therapists can address the impact of maternal codependency by helping daughters develop a stronger sense of identity and self-worth. Interventions may include techniques that encourage healthy boundaries, improve self-awareness, and promote independence in decision-making. Support groups could also be formed for individuals who have experienced similar family dynamics, allowing them to share their experiences and coping strategies in a safe and supportive setting. For parents and families, this study emphasizes the importance of understanding how emotional dependency patterns influence a child's self-image. Mothers with codependent tendencies might unintentionally limit their daughters' ability to form an independent sense of self. By being aware of these patterns, parents can take steps to adjust their behavior, encourage autonomy, and provide the emotional space necessary for their daughters' healthy development. Practical changes, such as improving communication styles, giving daughters more freedom to make choices, and supporting their unique interests, can make a significant difference in building strong self-esteem and self-concept clarity.

### **Conclusion**

This study highlights the nuanced role of maternal codependency in shaping daughters' psychological outcomes. While mothers' codependency did not significantly predict daughters' self-esteem, it did emerge as a significant predictor of reduced self-concept clarity. These findings suggest that intergenerational codependency may not erode global self-worth but can profoundly disrupt daughters' sense of identity and coherence. The results underscore the need for interventions that target identity development and boundary-setting skills among daughters, particularly eldest daughters who often face heightened family expectations.

By situating these findings within family systems and identity development theories, this research contributes to a growing body of literature emphasizing the intergenerational and cultural dimensions of codependency. Future research should build on these insights to better inform therapeutic interventions, family counseling practices, and psychoeducational programs aimed at fostering healthier family dynamics and stronger self-concept clarity in young women.

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