

CREATION AND VALIDATION OF A QUESTIONNAIRE OF EMOTIONAL DEPENDENCE ON FRIENDS (CDEA)

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Abstract

Although emotional dependence has been considered to be directed towards friends, only assessment instruments for measuring emotional dependence towards a partner have been found. The study aims to create and validate the "Questionnaire of Emotional Dependence on Friends (CDEA)". Three studies were conducted to develop and validate the questionnaire. The preliminary version was administered to a sample of 278 adolescents, together with measures of emotional dependence on partners. The final version was administered to a sample of 675 adolescents, together with measures of attachment, stress, anxiety and depression. The CDEA scale was finally composed of 12 items grouped into two correlated dimensions: Exclusivity and Excessive Focus. It has shown adequate convergence with other emotional dependence instruments and related constructs. The CDEA is a brief self-report, valid and easy-to-complete assessment instrument that allows us to evaluate emotional dependence on friends in an adolescent population.

KEY WORDS: *questionnaire, instrument, emotional dependence, friendships.*

Resumen

Aunque se ha mencionado que la dependencia emocional puede dirigirse hacia las amistades, sólo se encuentran instrumentos de evaluación para medir la dependencia emocional hacia la pareja. El objetivo del estudio es crear y validar el primer cuestionario para evaluar la dependencia emocional hacia las amistades. Se han realizado tres estudios para crear y validar el "Cuestionario de dependencia emocional hacia las amistades" (CDEA). La versión preliminar se ha pasado a una muestra de 278 adolescentes, junto con medidas de dependencia emocional hacia la pareja. La versión final se ha pasado a una muestra de 675 adolescentes, junto con medidas de apego, estrés, ansiedad y depresión. El CDEA quedó compuesto por 12 ítems agrupados en dos dimensiones correlacionadas: Exclusividad y Focalización excesiva. Ha mostrado una adecuada convergencia con otros instrumentos de dependencia emocional y constructos afines. En conclusión, el CDEA es un instrumento de autoinforme breve, válido, útil y sencillo de cumplimentar, que permite evaluar la dependencia emocional hacia las amistades en población adolescente.

PALABRAS CLAVE: *cuestionario, instrumento, dependencia emocional, amistades.*

Introduction

Emotional dependence is described as a chronic pattern of unmet affective demands that attempt to be maladaptively satisfied through interpersonal relationships (Urbiola et al., 2017). It involves interrelated cognitive, emotional, motivational and behavioural components (Camarillo et al., 2020). People with emotional dependence show a high vulnerability to rejection and an intense fear of no longer being loved and of being abandoned (Castelló, 2019). Characteristics of emotional dependents include their possessiveness in relationships, their inability to break these relationships, and an insatiable need for love and affection (Sirvent & Moral, 2007). For this reason, they establish unbalanced relationships based on idealisation, submission and fear of abandonment, in which their state of mind is aligned with the state of the relationship, prioritising the other person above everything else, showing great difficulty in imagining their existence without them, and performing many actions to prevent the relationship from ending despite their dissatisfaction with it (Momeñe & Estévez, 2018; Castelló, 2012; Camarillo et al., 2020; Izquierdo Martínez & Gómez-Acosta, 2013), (Skvortsova & Shumskiy, 2014). As a result, they may show a loss of identity (Schaeffer, 1998) and sacrifice their own wants and needs (Urbiola et al., 2014).

Emotional dependence has been linked to different addictions, such as internet and mobile phone addiction (Estévez et al., 2017), sex addiction (Iruarrizaga et al., 2019), compulsive shopping (Etxaburu et al., 2023), and substance use (Momeñe et al., 2021). On the other hand, it has also been associated with low resilience (Momeñe & Estévez, 2019), low self-esteem (Castelló, 2012), remaining in violent relationships (Amor et al., 2022), and suicidal ideation (Cáceres & Ponce, 2023). In general, emotional dependence affects all areas of the individual (Serebrisky, 2021), which shows its severity and the urgency of its treatment and prevention.

One of the problems with which it is most closely associated is anxious and depressive symptomatology (Echeburúa et al., 2023; Macía et al., 2023). They are so closely related that, in fact, a large number of people suffering from emotional dependence seek psychological treatment not for their emotional dependence but for the anxious-depressive symptoms that have arisen as a result (Sirvent & Moral, 2018).

Moreover, emotional dependence has been particularly linked to early affective deficits. Various studies suggest that these affective deficiencies experienced in relationships with caregivers may be crucial in the emergence of emotional dependence (Castelló, 2012; Izquierdo Martínez & Gómez-Acosta, 2013). As a result of these deficiencies, people may seek the sense of protection and security they crave and become entangled in dependent relationships (Gonzales-Castro et al., 2021). Castelló (2005) states that 'one can only seek affection in a healthy way when one knows what it is, when one has had it to a sufficient extent to have accepted it and to have generated a personal sense of self-esteem and worth' (p. 122). In line with this, several studies have found that attachment predicts emotional dependence (Etxaburu et al., 2023; Momeñe & Estévez, 2018).

Concerning the assessment of emotional dependence, the focus has mainly been on emotional dependence towards the partner, and we can find several instruments that measure this construct. For example, the Emotional Dependence Questionnaire (CDE; Lemos & Londoño, 2006), the Emotional Dependence Inventory (IDE; Aiquipa, 2012), the Emotional Dependence Scale in Youth and Adolescent Dating (DEN; Urbiola et al., 2014), the Inventory of Interpersonal Relationships and Sentimental Dependencies (IRIDS-100; Sirvent & Moral, 2018), the Partner Emotional Dependence Scale (SED; Camarillo et al., 2020) and the Affective Dependence Scale (ADS-9; Sirvent et al., 2022). Older questionnaires also measure emotional dependence (and other variables) towards any type of interpersonal relationship, such as the Interpersonal Dependence Inventory (IDI; Hirschfeld et al., 1977) and the Relational Profile Test (RPT; Bornstein et al., 2003).

Some studies suggest that the same emotional dependence may be directed towards friendships (Castelló, 2005). Adolescence is a crucial period in which peer relationships become considerably important, as deeper friendships are forged and linked to social, emotional and personal development (Öztürk & Sumbas, 2023). At this age, friendships are the main support source (De Goede et al., 2009). Consequently, emotional dependence on friends is expected to develop during adolescence. The meta-analysis by Dryburgh et al. (2022) shows that high social withdrawal and low assertiveness, characteristics that emotionally dependent individuals may share, are associated with poorer friendship quality, which is reflected in a person's well-being. In this sense, Schwartz-Mette et al. (2020) point out that lower-quality friendships are associated with greater loneliness and depression. Overall, given that friends are a key point of contact for many adolescents, a better understanding of their areas of influence, particularly in mental health, will potentially improve interventions (Manchanda et al., 2023).

Although emotional dependence can be directed towards friendships, the authors of this study have not found any instrument that specifically measures emotional dependence on friendships. In fact, as can be seen from the questionnaires mentioned above, the most recent ones only measure emotional dependence in relationships. Given the severity of the problems that emotional dependence can cause, it is important to study all its facets. Therefore, the present study aims to create and validate a short questionnaire on emotional dependence on friends.

Study 1

Method

Participants

The sample consisted of 278 students from Spanish high schools. The mean age of the participants was 15.48 years ($SD= 1.21$), with just over half identifying as female (57.6%), just under half as male (40.6%), and a small percentage as non-binary (1.8%). Of the participants, 36.7% reported being in a relationship for over a month.

Instruments

- a) *Relational Profile Test* (RPT; Bornstein et al., 2003), Spanish version of Abuín et al. (2007). The RPT consists of 30 items divided into three subscales that describe the pattern of interpersonal dependence: 1) Destructive overdependence, which assesses maladaptive and rigid emotional and interpersonal dependence. It is associated with a fragile and helpless self-perception and a compelling need to form and maintain attachments, and also by a strong fear of abandonment and negative evaluations. 2) Healthy dependence assesses flexible and adaptive emotional and interpersonal dependence. It involves a competent self-perception, a need for healthy closeness, and experiencing well-being in situations of intimacy. These individuals function autonomously, seeking appropriate help and support when needed. 3) Dysfunctional detachment assesses a rigid and maladaptive form of detachment. It is associated with an excessive and artificial autonomous self-perception, a tendency to perceive others as harmful or untrustworthy and to maintain distance from them for fear of being harmed or overwhelmed. Items are rated on a 5-point Likert scale ranging from 1 (not true for me) to 5 (very true for me). Higher scores on each of the scales indicate higher levels of Destructive Overdependence, Healthy Dependence and Dysfunctional Detachment, respectively. In terms of internal consistency, this instrument achieved the following Cronbach's alpha and McDonald's omega values on the Destructive Overdependence ($\alpha = .76$, $\omega = .77$), Dysfunctional Detachment ($\alpha = .79$, $\omega = .80$) and Healthy Dependence ($\alpha = .76$, $\omega = .76$) scales.
- b) *Emotional Dependence Scale in Youth and Adolescent Dating* (*Escala de dependencia emocional en el noviazgo de jóvenes y adolescentes*, DEN; Urbiola et al., 2014). The scale is made up of 12 items divided into 4 subscales: 1) Avoidance of Loneliness, which refers to all the actions the dependent person performs to avoid being alone; 2) Need for Exclusivity, which refers to the need for the partner to be available only to them; 3) Need to Please, which refers to performing actions to give pleasure to the other person, ignoring one's own preferences; and 4) Asymmetrical Relationship, which refers to the subordinate nature of the relationship. Items are rated on a 6-point Likert scale, ranging from 0 (never) to 5 (always). Therefore, scores range from 0 to 60 and higher scores on the DEN indicate higher levels of emotional dependence. In this study, Cronbach's alpha and McDonald's omega were as follows: Global Dependency ($\alpha = .93$, $\omega = .94$), Avoidance of being alone ($\alpha = .72$, $\omega = .78$), Need for Exclusivity ($\alpha = .87$, $\omega = .87$), Need to Please ($\alpha = .83$, $\omega = .84$), Asymmetrical Relationship ($\alpha = .68$, $\omega = .69$).

Procedure

The process of developing the questionnaire involved several stages. First, an in-depth review of the literature was carried out, considering the characteristics of the emotionally dependent person indicated by Castelló (2005) and the

questionnaires Relational Profile Test (RPT; Bornstein et al., 2003), Emotional Dependence Questionnaire (CDE; Lemos & Londoño, 2006), Emotional Dependence Scale in Youth and Adolescent Dating (DEN; Urbiola et al., 2014). Second, by collecting existing information on emotional dependence on friends and adapting information on emotional dependence on a partner, a total of 46 items were designed to reflect the characteristics and symptomatology of emotional dependence on friends. Third, 18 psychologists, experts in the field of emotional dependence, were invited by e-mail to participate in the Delphi method. Eight experts of both sexes and from different areas of psychology (researchers and psychotherapists) agreed to participate. Fourth, they were sent the 46 items via an online form and asked to rate each item on a scale ranging from 1 (*not at all relevant*) to 5 (*totally relevant*). The items that scored higher than 4 (identified as highly or completely relevant) were selected. Fifth, the selected items were sent back to the experts, asking them to comment on the wording or qualify the items as they saw fit. The items were removed and modified in the light of these comments. Finally, the initial instrument, the Questionnaire of Emotional Dependence on Friends (CDEA), comprised 15 items reflecting different situations characteristic of emotional dependence on friends. The items are rated on a 5-point Likert-type ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

After all this, we proceeded to apply the instrument. Previously, the consent of the ethics committee of the University of Deusto (ETK-10/21-22) was received. Before starting the application, informed consent was obtained from the parents and/or guardians of the adolescents who completed the questionnaires. They were also informed about the rules for completing the questionnaires, their duration and aspects to be measured, the voluntary nature of the study, the confidentiality and anonymity of the data obtained, and the contact details of the reference researcher. The data were collected in the classroom using the students' electronic devices. While administering the questionnaires, the researcher remained in the classroom until the students had finished and submitted their answers.

Data analysis

First, descriptive statistics and univariate and multivariate normality were examined for the 15 items proposed in Study 1. Items were considered to have univariate normality if skewness and kurtosis had absolute values less than 2 (Cain et al., 2017). As the presence of univariate normality does not ensure multivariate normality, Mardia's tests of skewness and kurtosis were applied such that a significant result indicated the absence of multivariate normality (Wulandri et al., 2021).

Secondly, an exploratory factor analysis of the scale was carried out using Factor v10.8.04 (Lorenzo-Seva & Ferrando, 2006). As preliminary analyses, the Kaiser-Meyer-Olkin (KMO) test and Bartlett's test were examined to determine the adequacy of the correlation matrix for factor analysis. Specifically, KMO test values below .50 were considered unacceptable, above .50 fair, above .70 good, above .80 very good and above .90 excellent, while a significant Bartlett's test result was

interpreted as indicating an adequate level of correlation between items (Field, 2009).

Due to the lack of multivariate normality, polychoric correlations and the robust diagonally weighted least squares estimation method were used for factor extraction in exploratory factor analysis (Lee et al., 2012). The number of factors was examined according to the Kaiser-Guttman rule of eigenvalues greater than 1 (Pett et al., 2003) and the optimal implementation of parallel analysis (Timmerman and Lorenzo-Seva, 2011), and Promin rotation was applied to facilitate factorial simplicity (Lorenzo-Seva, 1999).

As a criterion for item inclusion in the final scale, factor weights greater than .45 on the main factor and secondary factor weights lower than .32 on other factors were considered minimum values for acceptable item functioning (Tabachnick & Fidell, 2007). To assess the factor solution, a minimum explained variance of 50% and the presence of at least three items per factor were considered (Pett et al., 2003). Furthermore, the reliability of the extracted factors was examined using Cronbach's alpha and McDonald's omega as indicators of the scale's internal consistency.

Finally, criterion validity was checked for concurrent validity through the correlations of the CDEA with two scales that examine similar constructs, namely the RPT which examines relational dependence in any context, and the DEN which specifically examines emotional dependence in couples. For this purpose, Spearman correlations were carried out using SPSS 28 and, in the case of correlations with the DEN scale, with the subsample of 102 people who reported having a partner.

Results

Descriptive statistics for the initial set of items are shown in Table 1. The overall mean of the items was 2.46 ($SD= 0.63$). The highest individual item mean was 3.42 (Item 10) and the lowest was 1.80 (Item 5). The values of skewness and univariate kurtosis were less than $|2|$ for all items, indicating that the presence of univariate normality can be assumed. However, although Mardia's test for univariate skewness was not significant, 25.38, $p> .999$, the test for multivariate kurtosis was significant, 271.77 ($p< .001$). Therefore, the presence of multivariate normality cannot be assumed.

The result of the Kaiser-Meyer-Olkin test was .83, whereas Bartlett's test showed a significant result, $\chi^2(105)= 1053.7$, $p< .001$. These data indicated that the community levels of the correlation matrix were adequate for factor extraction, and exploratory factor analysis was performed.

Both the eigenvalues and the parallel analysis indicated the adequacy of the two-factor extraction. When examining the performance of the items, it was observed that Items 7, 12 and 13 did not reach the minimum factor weight of .45, with Item 7 showing similar weights on both factors, so these three items were eliminated. As shown in Table 2, the remaining items had factor weights above .45 and secondary factor weights below .32.

Table 1
Descriptive statistics of the initial set of items ($n= 278$)

Item	<i>M</i>	95% CI	Variance	Asymmetry	Kurtosis
1	1.89	(1.71, 2.06)	1.11	1.16	0.43
2	2.31	(2.12, 2.49)	1.14	0.44	-0.87
3	1.82	(1.66, 1.97)	1.03	0.91	-0.39
4	1.90	(1.73, 2.06)	1.05	1.03	0.22
5	1.78	(1.62, 1.94)	1.07	1.24	0.66
6	3.41	(3.20, 3.63)	1.38	-0.44	-1.06
7	2.51	(2.32, 2.70)	1.23	0.34	-0.95
8	2.21	(2.03, 2.39)	1.12	0.66	-0.47
9	2.68	(2.49, 2.88)	1.28	0.23	-0.97
10	3.43	(3.26, 3.61)	1.20	-0.33	-0.60
11	2.48	(2.29, 2.65)	1.15	0.48	-0.60
12	2.59	(2.41, 2.78)	1.12	0.19	-0.80
13	2.11	(1.94, 2.27)	1.09	0.81	-0.07
14	3.54	(3.36, 3.72)	1.16	-0.47	-0.66
15	2.34	(2.17, 2.50)	1.08	0.47	-0.39

Table 2
Factor weights of the final set of items ($n= 278$)

Item	Exclusivity	Excessive Focus
1	.626	
2	.631	
3	.757	
4	.462	
5	.754	
8	.454	
6		.614
9		.592
10		.837
11		.493
14		.756
15		.722

Note: Factor weights less than .30 have been omitted.

This solution showed an adequate level of explained variance of 64.47%. Both factors consisted of six items each. The reliability of the first factor was .77, and that of the second factor was .83, as indicated by both Cronbach's alpha and McDonald's omega. Based on the content of the items, the first factor was labelled *Exclusivity*, and the second factor was labelled *Excessive Focus*. The correlation between the two factors was significant ($r= .48$, Bootstrap 95% CI= [.38, .65]).

Finally, the criterion validity of the scale was analysed. As shown in Table 3, the two dimensions (*Exclusivity* and *Excessive Focus*) correlated significantly with indicators of a negative relationship profile, whereas they did not correlate with

the healthy dependence profile. Similarly, the two dimensions showed a significant positive correlation with emotional dependence in couples. Exclusivity and Excessive Focus correlated with Asymmetrical Relationship, and Exclusivity correlated with all subscales of emotional dependence in couples.

Table 3
Correlations between emotional dependence on friendships and other measures of emotional dependence ($n= 278$)

Variable	Emotional Dependence in Friendships	
	Exclusivity	Excessive Focus
Relational profile		
Destructive overdependence	.31***	.51***
Dysfunctional detachment	.22***	.15*
Healthy dependence	-.06	-.01
Emotional dependence in dating ^a	.36***	.28***
Avoidance of Being Alone	.45***	.19
Need for Exclusivity	.19*	.17
Need to Please	.25*	.16
Asymmetrical relationship	.36***	.40***

Note: ^aThe rows of correlations including this scale are with the subsample of people who have been in a couple relationship ($n= 102$). * $p < .05$; ** $p < .01$; *** $p < .001$.

Study 2

Method

Participants

The sample consisted of 675 Spanish high school students with a mean age of 15.39 years ($SD= 1.15$), independent of the Study 2 sample. Of these, 54.2% identified as female, 44.9% as male, and 0.9% as non-binary.

Instruments

- a) "Abbreviated Depression, Anxiety and Stress Scales" (DASS-21; Antony et al., 1998), Spanish version by Ruiz et al. (2017). This scale contains 21 items in which respondents rate their experiences during the past week. It is divided into three subscales: 1) Depression, which includes questions on dysphoria, hopelessness, devaluation of life, lack of interest/involvement, anhedonia and inertia; 2) Anxiety, which includes items on autonomic arousal, musculoskeletal effects; and 3) Stress, which includes questions on difficulty relaxing, nervous excitement, easy to become upset/agitated, quick to become irritated/overreact and impatience. Each Depression, Anxiety and Stress subscale contains seven items, which are rated on a 4-point Likert scale ranging from 0 (has not happened to me) to 3 (has happened to me a lot or most of the time). Higher scores on each of the scales indicate higher levels of

depression, anxiety and stress, respectively. In this study, Cronbach's alpha and McDonald's omega were as follows for the Anxiety ($\alpha = .89$, $\omega = .90$), Stress ($\alpha = .86$, $\omega = .87$) and Depression ($\alpha = .92$, $\omega = .92$) subscales.

- b) "Inventory of Parent and Peer Attachment" (IPPA; Armsden & Greenberg, 1989), Spanish version by Delgado et al. (2016). This instrument was designed to assess adolescents' perceptions of the positive and negative affective/cognitive dimensions of their relationships with their parents and close friends —particularly, the extent to which these figures are sources of psychological security. It has 75 items, with 25 items for each attachment figure: father, mother and peers. In addition, it has three subscales for each attachment figure: 1) Trust, which refers to the degree of mutual understanding, respect and trust; 2) Communication, which refers to the perceived quality of communication; and 3) Alienation, which refers to the degree of anger and isolation. The items in this instrument are rated on a five-point Likert scale ranging from 1 (never or almost never true) to 5 (always or almost always true). Higher scores on each of the scales indicate higher levels of maternal, paternal and peer attachment, respectively. In this study, Cronbach's alpha and McDonald's omega were as follows for the subscales of Attachment to Mother ($\alpha = .95$, $\omega = .94$), to Father ($\alpha = .95$, $\omega = .95$) and to Friends ($\alpha = .95$, $\omega = .95$).

Procedure

The procedure for the application of the questionnaires was the same as in study 1.

Data analysis

As a preliminary analysis, univariate and multivariate normality of the final 12 scale items extracted based on the results of study 1 were examined. As in that study, univariate normality was assumed if skewness and kurtosis were $< |2|$ (Cain et al., 2017) and multivariate normality if Mardia's tests of skewness and kurtosis were not significant (Wulandri et al., 2021).

The structural properties of the scale were examined by confirmatory factor analysis with Mplus 7.0 (Muthén & Muthén, 2012) using the robust mean and variance-weighted least squares estimation method in the absence of multivariate normality (see Results section).

Next, the fit of the factor model observed in study 1, in which the 12 items of the final scale were weighted on two correlated dimensions (i.e., Exclusivity and Excessive Focus), was analysed, and the fit of this model was compared with the one-factor model and the uncorrelated two-dimensional model.

The level of fit was examined using the comparative fit index (CFI), Tucker-Lewis index (TLI) and root mean squared error of approximation (RMSEA), such that CFI and TLI $> .90$ and RMSEA $< .08$ were considered adequate indicators of fit (Marsh et al., 2004). As CFI and TLI are indicators of fit and RMSEA is an indicator of misfit, higher values of CFI and TLI and lower values of RMSEA were considered

better indicators of fit. In addition, as all three models are nested models, the fit was compared using the corrected chi-squared difference calculated using the DIFFTEST command in Mplus, such that a significant result was interpreted as a significant difference in fit between the two models (Wang & Wang, 2012).

Factor weights were examined for significance, and the .45 cut-off point as an indicator of adequate item functioning (Tabachnick & Fidell, 2007). In addition, the scale's reliability was examined using Cronbach's alpha and McDonald's omega.

Finally, construct validity, specifically convergent validity, was examined using bivariate correlations to determine whether the dimensions of the CDEA scale were related to mental health (i.e., anxiety, stress and depression) and attachment (i.e., to mother, father and friends).

Results

The descriptive statistics for the items indicated that univariate normality was satisfied in all cases (see Table 4). However, both the multivariate skewness test (11.25, $p < .001$) and the multivariate kurtosis test (182.84, $p < .001$) were significant, indicating the absence of multivariate normality.

Table 4

Descriptive statistics for the 12 items of emotional dependence on friendships ($n = 675$)

Item	<i>M</i>	95% CI	Variance	Asymmetry	Kurtosis
1	1.95	(1.84, 2.07)	1.29	1.29	1.06
2	2.26	(2.14, 2.37)	1.37	1.37	0.50
3	1.74	(1.64, 1.84)	1.04	1.04	1.37
4	1.97	(1.86, 2.07)	1.13	1.13	0.89
5	1.76	(1.66, 1.86)	1.11	1.11	1.38
6	3.41	(3.28, 3.54)	1.76	1.76	-0.47
8	2.16	(2.05, 2.27)	1.30	1.30	0.74
9	2.80	(2.68, 2.92)	1.54	1.54	0.07
10	3.41	(3.29, 3.53)	1.47	1.47	-0.50
11	2.45	(2.33, 2.56)	1.31	1.31	0.36
14	3.47	(3.35, 3.58)	1.37	1.37	-0.41
15	2.35	(2.25, 2.45)	1.08	1.08	0.41

The results of the three models (i.e. one factor, two uncorrelated factors and two correlated factors) are shown in Table 5. As can be seen, the two-factor correlated model showed the best fit indicators and was the only one meeting the criteria of acceptable fit. The chi-squared test also showed that this improvement in fit was significant both in comparison with the one-factor model, $\chi^2(1) = 123.84$, $p < .001$, and the uncorrelated two-factor model, $\chi^2(1) = 126.29$, $p < .001$, indicating that the correlated two-factor model presented the best fit to the data.

Table 5Fit indicators of the three factor models of emotional dependence on friendships ($n= 675$)

Model	χ^2	df	CFI	TLI	RMSEA
One factor	516.63	54	.83	.79	.113
Two uncorrelated factors	779.53	54	.73	.67	.141
Two correlated factors	210.97	54	.94	.93	.066

Note: CFI= Comparative fit index; TLI= Tucker-Lewis index; RMSEA= Root Mean Square Error Approximation.

The factor weights were all significant at the 99.9% confidence level, and all had values greater than .45, indicating good performance (see Figure 1). The correlation between the two scale dimensions was also significant at the same confidence level, indicating that these dimensions are not independent aspects. The internal consistency of the Exclusivity dimension was $\alpha= .70$ and $\omega= .70$, and that of the Excessive Focus dimension was $\alpha= .82$ and $\omega= .82$.

Figure 1

Factorial weights of the items

Note: CDEA= Items of the Questionnaire of emotional dependence on friends. All indicators were significant ($p < .001$).

Convergent validity results indicated that the two dimensions of the CDEA scale were significantly related to greater anxiety, depression and stress, with the Excessive Focus dimension showing the highest correlations. In the case of attachment, Exclusivity showed inverse correlations with the three indicators, indicating that higher levels of Exclusivity were associated with greater difficulties in attachment to mother, father and especially friends. In contrast, Excessive Focusing only showed significant and negative correlations with maternal attachment (Table 6).

Table 6

Correlations between emotional dependence on friendships, mental health and attachment ($n= 675$)

Variable	Emotional dependence in friendships	
	Exclusivity	Excessive Focus
Mental Health		
Anxiety	.18***	.30***
Stress	.15***	.27***
Depression	.22***	.30***
Attachment		
Attachment to mother	-.11**	-.10*
Attachment to father	-.12**	-.08
Attachment to friends	-.17***	.06

Note: * $p < .05$; ** $p < .01$; *** $p < .001$.

Discussion

The aim of this study was to create and study the psychometric properties of a brief questionnaire on emotional dependence on friendships, the Questionnaire of Emotional Dependence on Friends (CDEA) with a Spanish adolescent population.

The CDEA was finally composed of 12 items grouped into two correlated dimensions: Exclusivity and Excessive Focus (see Appendix). Exclusivity, on the one hand, refers to the need to feel like a unique person, to feel that you and your relationship with this friend are special and different from all the others. It includes Items 1, 2, 3, 4, 5 and 7 of the final version of the questionnaire. Excessive focus, on the other hand, refers to placing excessive importance on the friend and the friendship, putting it above everything else. It includes Items 6, 8, 9, 10, 11 and 12 of the final version of the questionnaire. The results indicate good factorial functioning both at the exploratory level in study 1 and at the confirmatory level in study 2, supporting the robustness of the factorial structure of the scale when replicated in two independent studies.

The results of the latter two studies support the adequate reliability and validity of the CDEA scale. Specifically, criterion validity results indicate that the CDEA measure is related to other emotional dependence constructs while showing specific measurement aspects. Convergent validity results indicated that the two dimensions of the CDEA scale were related to mental health and attachment and

may be relevant factors for further exploration of both aspects, with the Exclusivity dimension showing the strongest relationship with attachment and the Excessive Focus dimension showing the strongest relationship with mental health. This is consistent with previous studies that have found relationships between emotional dependence and attachment (Etxaburu et al., 2023) and anxiety and depression (Echeburúa et al., 2023; Macía et al., 2023). More specifically, the relationship between the Exclusivity dimension and attachment can be explained as follows: attachment is an innate and instinctive need to form affective bonds with other people (Bowlby, 1993), and the need to be liked and to be exclusive in this bond is particularly pronounced in people with emotional dependence (Camarillo et al., 2020; Urbiola et al., 2014). It is, therefore, congruent that the Exclusivity dimension, which captures the need to feel unique to one's friend, is closely related to attachment. In turn, the relationship between Excessive Focus and anxious-depressive symptomatology can be argued as follows: people with emotional dependence tend to show feelings of loneliness and emotional emptiness and permanence in relationships that do not satisfy them (Camarillo et al., 2020; Sirvent et al., 2022), which can generate anxiety and depression (Urbiola et al., 2017). Huprich (2003) also suggested that excessive dependence may be a determinant for the development of depressive symptomatology, with relationship breakdown being a precipitating event for depressive symptoms such as feelings of rejection, denial and abandonment. Consequently, it is reasonable for the Excessive Focus dimension, which captures the excessive importance attached to the friend and friendship, to be related to dysfunctional psychological symptomatology.

These studies are not without its limitations. Firstly, they are cross-sectional study and, therefore, do not include an assessment of reliability over time, predictive validity and sensitivity to change. Secondly, it has only been validated in an adolescent population. Future research could analyse the psychometric properties of this instrument and consider its usefulness in the adult population. It would also be interesting to do this in clinical samples.

In conclusion, the CDEA is a brief assessment instrument that is easy to administer and allows the assessment of emotional dependence on friends in the adolescent population. Its early detection could help to prevent anxious-depressive symptoms as well as many other problems already mentioned (e.g. behavioural addictions or permanence in violent relationships). Moreover, to the authors' knowledge, this is the first specific scale in this area.

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Appendix

QUESTIONNAIRE OF EMOTIONAL DEPENDENCE ON FRIENDS (CDEA)

(Etxaburu, Herrero, Momeñe and Estévez, 2024)

Here are some statements you might make about your friendships. Think about your best or closest friend. Please indicate your level of agreement with each of the following statements:

1. Totally disagree
2. Strongly disagree
3. Neither agree, nor disagree
4. Strongly agree
5. Totally agree

1. I get annoyed when my friend makes plans and activities with other people	1	2	3	4	5
2. I need to feel that I am more special to my friend than other people	1	2	3	4	5
3. Since I have this friend, I don't spend as much time on other relationships	1	2	3	4	5
4. I prefer my friend and I to spend time alone rather than in a group	1	2	3	4	5
5. I do anything to make my friend like me	1	2	3	4	5
6. It scares me to think that my friendship might end	1	2	3	4	5
7. I consider that I adapt my tastes to those of my friend	1	2	3	4	5
8. I feel sad when I feel distant from my friend	1	2	3	4	5
9. I feel that my friend is one of the most important things in my life	1	2	3	4	5
10. I put my friend's needs and/or welfare before my own	1	2	3	4	5
11. When my friendship is going well, I feel good, and when it is going badly, I feel bad	1	2	3	4	5
12. I spend a lot of time thinking about my friend	1	2	3	4	5