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DEPENDENT PERSONALITY INVENTORY-REVISED (DPI-R): INCORPORATING A DIMENSIONAL MODEL IN THE ASSESSMENT OF DEPENDENT PERSONALITY DISORDER

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DEPENDENT PERSONALITY INVENTORY-REVISED (DPI-R): INCORPORATING A DIMENSIONAL MODEL IN THE ASSESSMENT OF DEPENDENT PERSONALITY DISORDER

LAURA A. GLUSZIK

ABSTRACT

The present study was designed to assess the reliability and validity of the Dependent Personality Inventory-Revised (DPI-R; Poreh & Huber, 2007). One-hundred and one students at a Midwestern university were administered the scale in addition to the Dependent Personality Questionnaire (DPQ; Hyler, 1994) and Interpersonal Dependence Inventory (IDI; Hirschfeld, Klerman, Gouch, Barrett, Korchin, Chodoff, 1977). Following the screening, 11 students who scored the highest on the scale and 13 students who scored in the average range were identified and asked to participate in the second phase of the study. These students were then blindly interviewed by the co-investigator using the Structured Clinical Interview for DSM-IV-Axis II Personality Disorders (SCID-II; First, Gibbon, Spitzer, Williams, Benjamin, 1997). Clinical judgment was used to identify which participants met the Diagnostic and Statistical Manual of Mental Disorders Revised 4th edition (DSM-IV-TR) diagnosis for Dependent Personality. The results support the internal consistency, construct validity, and predictive validity of the DPI-R as a screening measure for Dependent Personality Disorder in a sample of college students.

LIST OF TABLES

	PAGE
Table 1 Comparison of Cronbach's Alpha for the DPI-R and each subscale between the original test and the newly created scales after item removal and addition	24
Table 2 Criteria scale item removal and addition as result of bivariate correlation and reliability analysis	25
Table 3 Correlation of the DPI factor dimensions with the DPQ and the IDI	28
Table 4 Significant relationships among the criteria scales for the DPI-R and the IDI subscales and the DPQ scales as determined by multiple regression analysis.	29

TABLE OF CONTENTS

		PAGE
ABSTRACT		iii
LIST OF TABLES		iv
CHAPTER		
I.	INTRODUCTION	1
	Hypothesis 1	2
	Hypothesis 2	2
II.	REVIEW OF RELEVANT LITERATURE	3
	The *Prevalence of Dependent Personality Disorder*	5
	Theories About Dependent Personality Disorder	6
	Dimensions of Dependency	8
	Comorbidity of Axis I Disorders	12
	Diagnosis	13
	Measurements	15
III.	PROCEDURES AND METHODS	16
	Participants	16
	Measures	16
	Procedures	20

	Analysis	21
IV.	RESULTS	23
DISCUSSION		31
	Clinical Implications	33
	Potential Limitations	34
CONCLUSION		36
REFERENCES		38
APPENDICIES		50
	1 Informed Consent	50
	2 Diagnostic Criteria for 301.6 Dependent Personality	51
	Disorder	52
	3 Script for Participant Recruitment	53
	4 Dependent Personality Inventory-Revised	57
	5 DPI-R Criterion Scales After Item Removal/Addition Arranged According to DSM-IV-TR Criteria of Dependent Personality Disorder	63
	6 Interpersonal Dependency Inventory (IDI)	67
	7 Dependent Personality Questionnaire (DPQ)	68
	8 Dependent Personality Inventory-Revised II	72
	9 DPI-R-II Criterion Scales After Item Removal/Addition Arranged According to DSM-IV-TR Criteria of Dependent Personality Disorder	

CHAPTER I

INTRODUCTION

The categorical approach of the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV-TR; American Psychiatric Association, 2000) towards the diagnosis of Dependent Personality Disorder has often been criticized for failing to completely capture the underlying traits that make up personality disorders (Miller & Lynam, 2008). The DSM-IV-TR used operational criteria to define behavioral elements of disorders according to chosen categories in the classification. This approach was only successful in Axis I disorders. Personality disorders cannot be defined by such heterogeneous descriptions. It is suggested the most efficient way of diagnosing personality disorders is to use dimensional trait data (Verheul & Widiger, 2004). Such a system expresses personality as a continuum, with normal degrees of traits at one end and personality disorder at the other end (Livesley, Schroeder, Jackson, & Jang, 1994). Thus, Dependency may not be a categorical personality trait, but have varying degrees within its expression. A review of the literature suggests, however, that some of the most widely used measures of dependency such as the Minnesota Multiphasic Personality Inventory (MMPI - 2; Ben-Porath, Hostler, Butcher, & Grahm, 1989) and the Dependent Personality Questionnaire (DPQ; Tyrer, Morgan, & Cicchetti, 2004), do not address such varying degrees or subtypes of personality. The DPQ was developed using a one-dimensional concept, measuring either the presence or absence of the disorder. The Minnesota Multiphasic Personality Inventory-2 Social

Introversion subscales (MMPI-2 Si 1,2,3; Ben-Porath et al., 1989), including Shyness/ Self Consciousness (Si 1), Social Avoidance (Si 2), and Self/Other Alienation (Si 3), have not been sufficient in measuring the domain of dependency when compared to other personality domains measured by the scale. Such scales relate more to the construct of social anxiety than to Dependency (Ben-Porath et al., 1989).

The purpose of the study is to examine the concurrent validity and reliability of the Dependent Personality Questionnaire (DPQ), Dependent Personality Inventory-Revised (DPI-R), and Interpersonal Dependency Inventory (IDI) in screening for Dependent Personality Disorder (DPD). Comparisons between the instruments will be made to assess the accuracy of the DPI-R in screening for DPD. The items that support the dimensional construct of DPD, as well as meet the criteria of the DSM-IV-TR will be examined for the development of certain subtypes or dimensions of DPD. It is anticipated that the DPI-R will be superior to the IDI and DPQ in uncovering the different constellations that comprise personality characteristics. The study is expected to support the use of the DPI-R in assessing pathological personality configurations, as well as general personality traits.

Hypothesis 1: The IDI, DPI-R, and DPQ are reliable measures with predictive validity in screening for DPD while utilizing a dimensional approach.

Hypothesis 2: The DPI-R is superior to the IDI and DPQ in assessing the dimensional traits of dependent personality disorder.

CHAPTER II

REVIEW OF RELEVANT LITERATURE

The first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM I; American Psychiatric Association [APA], 1952) heavily emphasized the psychoanalytical approach. Thus, dependent personality disorder was characterized by helplessness, denial, and indecisiveness, and was considered a subtype of the passive-aggressive personality. In 1968 the DSM II (APA, 1968) categorized passive dependent personality as "Other Personality Disorders of Specific Types" with no description or criteria to define it. The DSM-III (APA, 1980) was the first to identify the DPD as a unique diagnostic category. This category included three criteria for the disorder: (a) passivity in interpersonal relationships, (b) willingness to subordinate one's need to those of others, and (c) lack of self confidence. The DPD criteria were further expanded in the DSM-III-R (APA, 1987) and changed only slightly in the DSM-IV (APA, 1994) and DSM-IV-TR (APA, 2000). Since the DSM-IV, DPD has been defined as "a pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation" (APA, 1994, p.668).

Dependent Personality Disorder has been identified as a specific personality disorder as recently as 30 years ago, therefore there is still much to understand about the dimensions of this disorder and how it can be fully accounted for during assessment.

According to a report by Tyrer et al. (2007), a review of all 152 original papers published in the British Journal of Psychiatry in 2005, revealed 13 (8.6%) in which personality assessment was at least part of the focus of the paper, five (3.3%) in which it was the main subject, and 14 other papers (9.2%) in which general psychopathology was assessed but personality status was omitted. Only three of the papers used a formal assessment instrument, suggesting that further research is needed in the area of assessment.

The DSM-IV DPD personality characteristics include pervasive dependency that often is exacerbated by significant losses in the individual's life (APA, 2000). People with DPD are unable to make everyday decisions without excessive reassurance or advice from others. They also prefer to leave important decisions up to others. Their fear of being rejected causes them to agree with others, even when they feel it is wrong. They also have trouble initiating projects or doing things on their own. A person with DPD tends to volunteer to do things that are unpleasant or demeaning in search of approval. When alone, these individuals can feel uncomfortable or helpless. They are sensitive to criticism or disapproval and are preoccupied with fears of being abandoned or alone. Maladaptive responses can be triggered when a dependent relationship is threatened. In such a situation, symptoms of anxiety and depression are likely to develop (Gunderson, 1989).

Beitz and Bornstein (2006) have conceptualized DPD in terms of four related components. First, in the cognitive realm, there is a perception of oneself as powerless and ineffectual, coupled with the belief that people are comparatively powerful and potent. Secondly, there is a motivational aspect, consisting of a desire to obtain and maintain relationships with protectors and caregivers. Third, a behavioral pattern is present wherein the individual works to strengthen interpersonal ties and minimize the possibility of abandonment and rejection. Finally,

in terms of emotion, there is a fear of abandonment and rejection, and anxiety regarding evaluation by authority figures. The combination of the above components leads to patterns of self-defeating interpersonal functioning that are characterized by low self-esteem, insecurity, jealousy, clinginess, help-seeking, frequent requests for reassurance, and intolerance to separation (Pincus & Gurtman, 1995) [as stated in Beitz & Bornstein, 2006]. However, individuals may use self-denigration in certain social situations and self-promotion in others to choose whichever behavior would strengthen the relationship with potential caretakers. Characteristics of assertiveness, and at times, aggression may also be present, as the individual acquires traits perceived as being valuable to the person they wish to sustain a dependent relationship with (Beitz & Bornstein, 2006).Therefore, clinicians must acknowledge that expressions of DPD may differ from person to person.

The Prevalence DPD

According to a survey by the National Epidemiologic Survey on Alcohol and Related Conditions 0.49% of adults meet dependent personality diagnosis criteria (NESARC, 2002; Grant, Hasin, & Stinson, 2004), with 18-29-year-olds having the highest risk of the disorder. Slightly more women than men receive the diagnosis of DPD, with 0.6% compared to 0.4% of men (Grant, Hasin, & Stinson, 2004). One must take into consideration several factors for this difference. For example, men may be less likely to report dependent behaviors. As in many personality disorders, traits of DPD may surface in childhood or early adulthood (American Psychological Association, 2000). Research suggests genetic factors may also contribute to the development of DPD. (Torgersen et al, 2000; O'Neill & Kendler, 1998). The survey by NESARC found no difference in the prevalence of DPD among different ethnic groups in the

United States. However, lower income, less educated, widowed, divorced, separated, or never married individuals may be more at risk for developing DPD (Grant et al., 2004).

Theories About DPD

There are several hypotheses regarding the origins of DPD. According to attachment theory (Ainsworth, 1952), dependent personality may form during infancy, having stemmed from maternal over-involvement and intrusiveness throughout all stages of development. Such parenting will reward the child for maintaining loyalty, and somewhat reject him or her when separation or independence is attempted. This would lead to crying or clingy behavior, while being immobilized by fear and dread of abandonment. The child may then internalize this working model of themselves and others, influencing the child's expectations concerning future interpersonal relationships (Bowlby, 1980; Main, Kaplan, & Cassidy, 1985).

From the biosocial perspective, dependent personality traits are evident in infancy. The combination of overly protective behavior from caregivers with biological predisposition may elicit fearfulness, withdrawal, or sad temperaments. Such an overprotective parenting style interferes with the development of autonomous coping behavior, such as assertiveness, problem solving, and decision making. When outside the parental relationship, these children tend to doubt their efficacy in interpersonal situations and can often experience social humiliation. When repeated, such experiences teach them it is better to remain submissive than competitive. People with DPD avoid challenging, threatening, or anxiety producing situations. They not only convince others that they are inferior, defective, and incapable of independence, but they also convince themselves of such ideas (Millon & Davis, 1996).

According to the cognitive-behavioral perspective of DPD, as expressed by Beck, Freeman, and Associates (1990), the dependent personality is rooted in basic assumptions about the self and the world. Such individuals view themselves as too helpless and inadequate to cope with the dangers of the world on their own. They seek out individuals who are perceived as being stronger and more adequate to take care of them. In return, they may give up their own needs and surrender responsibilities for such security. Also, such individuals may give up opportunities to learn assertiveness, problem solving, and decision making. Clinging to their relationship, they live in fear of rejection and abandonment if their relationship ends. According to this perspective, the cognitive distortion of such individuals is considered dichotomous thinking. They tend to believe they are completely dependent to another person, or are totally alone and independent. Also, they will view things as either right or wrong, believe something is either a complete success or absolute failure, with nothing in between. Dependent individuals may also carry the cognitive distortion of catastrophizing situations. Phrases such as “I can’t,” “I’m too dumb to do that,” or “I never would be able to do that,” are common distortions among dependent individuals. Many times they direct such thinking towards their dependent relationship (O’Donohue, 2007).

In a twin study Torgersen et al. (2000) the prevalence rates between 92 monozygotic twins and 129 dizygotic twins were compared. They concluded that approximately 30% of the variance in adult DPD symptoms reflected genetic influences. Limitations such as unquantified gene-environment covariation restrict strong causal links to be made between genetic precursors and dependent behavior. However, studies supporting such inferences (e.g., O’Neil & Kendler, 1998) may lead researchers closer to determining which inherited factors may be related to increased likelihood of DPD later in life.

Dimensions of Dependency

Several studies support the existence of at least two categories that encompass the eight criteria of DPD in the DSM-IV-TR. The first five of the eight criteria listed in the DSM-IV-TR represent dependent behaviors. These include: (1) difficulty making everyday decisions without excessive advice and reassurance, (2) need for others to assume responsibility for most major areas of life, (3) difficulty expressing disagreement, (4) difficulty in initiating projects or doing things on one's own, and (5) going to excessive lengths to obtain nurturance and support. Diagnostic criteria six through eight consist of an insecure attachment behavior style: (6) feelings of being uncomfortable and helpless when alone, (7) urgent seeking of another source of support when an important relationship ends, and (8) unrealistic preoccupation with fears of being left to care for oneself (Perry, 2005). The concept of characterizing the eight criteria into the two sets of traits is supported by the work of Livesley and Schroeder (1990) and Gude, Hoffart, Hedley, & Oyvind, (2004). Though labeled with different names, their studies empirically supported the break down of dependency into two categories with the same sets of criteria. Upon further analysis, several researchers agree that a categorical approach of the DSM-IV-R diagnostic criteria does not completely capture the underlying traits that make up personality disorders (PD; Miller & Lynam, 2008).

Dissatisfaction with the categorical approach used by the DSM spurred much research in the exploration of PDs and general personality functioning. This research suggests that categories for PDs cannot fully account for the range of personality related problems and those that do not fit within the current constructs (Verheul & Widiger, 2004). It is also problematic for personality traits that are not severe enough to meet the DSM criteria (Westen & Arkowitz-Westen, 1998). The breakdown of PDs into underlying dimensions provides a wider array of

maladaptive personality styles. These can then be conceptualized and assessed in a way that issues of comorbidity become less challenging (Lynam & Widiger, 2001). As mentioned, Beitz et al. (2006) believe DPD consists of cognitive, motivational, behavioral, and emotional components. Such components can be considered the core features of DPD that lead to maladaptive personal functioning. The pattern of functioning which characterizes DPD includes insecurity, low self-esteem, jealousy, clinginess, help-seeking, frequent requests for reassurance, and intolerance of separation (Overholser, 1996; Pincus & Gurtman, 1995). Different patients exhibit interpersonal functioning in different configurations and to varying degrees of severity. This conceptualization of DPD supports the belief that dimensional models provide a better representation of adaptive or maladaptive personality traits and are more efficient at diagnosing personality disorders than categorical models (Livesley, 2001; Verheul & Widiger, 2004; Widiger, 1993). Utilizing instruments that are able to uncover such configurations of personality traits will enable the creation of patient profiles which clinicians may use in determining which maladaptive traits to focus on in treatment.

One such dimensional model of diagnosis is the Five Factor Model (FFM). The five traits which make up the factors of personality dimensions include Openness to Experience, Conscientiousness, Extraversion, Agreeableness, and Neuroticism (OCEAN). The model's use of facet scores provides more information about the individual. The FFM model has the ability to examine configurations of such traits consistent with personality disorder patterns (Miller & Lynam, 2003). A four step process was developed by Widiger, Costa, and McCrae (2002) to configure the traits in such a way. The first step is the assessment of the individual's traits on the broad domains, as well as the specific facets. Step two consists of the examination of the impairments related to the various trait elevations and/or depressions. The third step is the

assessment of the severity of such impairments and step four is the determination of "whether the constellation of FFM traits matches sufficiently the profile for a particular PD pattern" (Widiger et al., 2002, p.431). The advantage of assessing PD in such a way is it allows the clinician to focus on specific dysfunctional traits, the entire composition of domains and facets (e.g., high Agreeableness and Conscientiousness, low Neuroticism),or compare the profile to other constellations known to be highly functional or problematic (Miller, Lynam, Widiger, & Leukefeld, 2001). However, there are discrepancies between the FFM and DPD facets, which may be due to inconsistencies between the experts using the FFM and how DSM-IV DPD scores correlate with the FFM (Miller & Lynam, 2008). In the FFM agreeableness scores, the absence of a stronger DPD-agreeableness link may reflect the heterogeneity of interpersonal styles associated with dependency. Also, the scores produced by the FFM do not, in themselves, provide information about the individual (Miller et al., 2001).

The FFM scoring methodology is complex, leading to a low probability of use in clinical settings (Miller, Bagby, Pilkonis, Reynolds, & Lynam, 2005). The clinician must first identify which facets are prototypically low or prototypically high for each PD (scores ≥ 4 or ≤ 2on the Lynam & Widiger prototypes). The reverse key must be used on scores of ≤ 2, and sum the scores in the same (high) maladaptive direction. The individual's scores must then be added across relevant facets. Only then can the clinician identify individuals who meet criteria for PDs. The application of the FFM prototype information in a less complex scoring method might be more successful in the diagnosis of PDs. Another alternative would be using other instruments as a screening tool, along with the FFM (Miller et al., 2005).

The FFM demonstrates the effectiveness of examining personality disorders as problematic configurations of general personality traits. The model is able to provide information

in the form of domain or facet scores, which allows the clinician to examine the configurations of traits which are consistent with PD patterns (Miller & Lynam, 2008). This conceptualization of PDs allows treatment decisions to be made according to the individual's specific personality configuration or personality profile. The movement towards a more dimensional approach when assessing PDs supports current interest in developing improved screenings for PDs.

Another instrument widely used to assess PDs is the NEO-PI-R (Costa & McCrea, 1992). Results from a study done by Haigler and Widiger (2001) found the assessment was not reliable in capturing some of the extreme variants of personality that are characteristic of some PDs, including DPD. Specifically, there were not enough items representing maladaptivity at the high poles of Agreeableness, Conscientiousness, and Openness. The majority of the items assessing Agreeableness (83%) involved a more adaptive, desirable behavior when the participant responded in the direction of a high level rather than a low level. In an experimental version of Agreeableness, items written explicitly to assess problematic high levels of Agreeableness were strongly correlated with DPD. However in the normal version of Agreeableness a low correlation to DPD was found. Instruments that are more sensitive to uncovering maladaptive qualities should be used in the assessment of DPD.

The *Structured Clinical Interview for* DSM-IV *Axis II Personality Disorders* (SCID-II) (First et al., 1997) is perhaps one of the most widely used categorical or dimensional measures of PDs. The SCID-II is a semi structured diagnostic interview for assessing the 10 Axis II personality disorders, along with Depressive Personality Disorder, Personality Disorder Not Otherwise Specified, and Passive-Aggressive Personality Disorder, according to DSM-IV criteria. The clinician or researcher may administer the whole SCID-II, or only those sections related to the particular personality disorders of interest. The interview is made up of open-ended

questions intended to assess general personality traits. As in a categorical approach, the instrument is capable of determining if a PD is present or absent. It is also able to take on a dimensional approach in noting the number of personality disorder criteria for each diagnosis that are coded "3" (threshold of the criteria is met or is more than met). For research purposes, the SCID-II can be used to characterize the profile of personality disorders for a sample of a certain setting, particular characteristics, or particular diagnosis. Most notably, the measure can be used in deriving a diagnosis according the DSM criteria, as well as serving as a comparison measure to other assessments used in screening for personality disorders. The sum of the component criterion scores (0 to 3) are calculated for diagnosis. Upon analysis of the SCID-II by using the Personality Disorder Examination as the standard, Jacobsen, Perry and Frances (1995) found the false negative rate was low for every PD diagnosis and its procedure for following up on positive responses was a valid method. Though the SCID-II has sufficient accuracy of diagnosis, the questions are too superficial to extract the appropriate amount of details for creating a dimensional profile (Anthony & Barlow, 2002).

Comorbidity of Axis I Disorders

According to several studies, DPD is associated with a broad range of Axis I and Axis II syndromes, which correlates with the information provided in the DSM-IV-TR (APA, 2000, p.723) [as stated in Mei, Ng, & Bornstein, 2005]. Pertaining to Axis I disorders, there are several studies that suggest that the Cluster C personality disorders (Avoidant, Dependent, Obsessive compulsive, and Personality disorders not otherwise specified) are comorbid with mood disorders, anxiety disorders (AD), eating disorders, adjustment disorder, and somatization disorder (Beitz & Bornstein, 2006). However, DPD most frequently co-occurs with depression

and AD (Hirschfeld, 1999; Shea, Stout, Pango, Skodol, Morey, Gunderson, et al., 2004). It has been reported that depression co-occurs with DPD in 10% to 20% of cases (Bornstein, 1995). Research has yet to reveal whether the depression precedes the personality disorder, nurturing its development, or if the depression is secondary to DPD (Hirschfeld, 1999).

One of the more recent studies on the comorbidity of DPD and AD suggests "the overall DPD-AD relationship is modest in magnitude, and presence of a DPD diagnosis accounts for a small portion of variance in predicting the presence of an AD" (Mei et al., 2005). The authors performed a meta-analysis of 89 separate effect sizes in 53 studies that assessed the relationship between DPD and one or more ADs. The correlation between DPD and AD was only .11, with a combined Z of 8.686 ($p<.0001$), when N= 2,389. Overall, since there are more empirically supported treatments for Axis I disorders, comorbidity should be taken into consideration by clinicians treating PDs (Beitz & Bornstein, 2006).

Diagnosis

In assigning DPD diagnosis, clinicians may ascertain that the patient's dependency does in fact cause difficulties in social, sexual, and occupational functioning. However, research shows that many people with relatively intense dependency needs may actually be highly functioning (Bornstein & Languirand, 2003). Therefore, a clinician must examine the individuals' pattern of functioning across a significant length of time, including personality features that are present by early adulthood. The characteristics that surface in response to other disorders, mental states, or situational stressors, must be differentiated from stable personality traits (DSM-IV-R, 2000). The client's level of depression, or other mood changes, may have an impact on self-reported dependency (Hirschfeld et al., 1983). One must also consider that

dependency is seen as a sign of weakness or immaturity by some, therefore there can be reluctance in the expression of dependent feelings and thoughts, especially by men (Bornstein, 1995). The combination of clinical interview with a validated self-report measure should be used in a reliable diagnosis of DPD. There are strengths to both methods of assessment. The clinical interview allows the clinician to obtain additional details about the individual and self-reports are essential in quantifying the symptoms of DPD.

As noted, there are two systems of diagnosis, a dimensional classification and the categorical approach. The dimensional approach towards personality disorders is growing in acceptance among the psychological community in recent years (Tyrer et al. 2007). Since this approach classifies personality disorders based on traits, rather than behavior, it can view personality as a continuum, with normal variation at one extreme and personality disorders at the other. It is suggested using operational 13 criteria to define behavioral elements of personality may not be as effective. According to the DSM-IV-TR, a personality disorder is “an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment” (APA, 2000). This definition of personality disorder used heterogeneous descriptions, and when their operational criteria were assessed, their distribution was unlike that of the DSM (Livesley et al, 1994). Perhaps increasing the accuracy of diagnosis can be facilitated by reaching an agreement between the two different systems of diagnosis via more reliable assessments.

Measurements

Many clinicians support the use of questionnaires as screening tools to identify a patient's most likely diagnosis (Widiger & Coker, 2002). Not only are questionnaires inexpensive and efficient, they can be a solution to interdiagnostician reliability problems (Beitz & Bornstein, 2006). The impact of psychotropic meds on DPD symptom levels or antidepressants effect on symptoms can be monitored with measures. They may also improve the reliability and validity of psychiatric diagnosis. Some of the most widely used screenings for DPD are the DPQ (Tyrer et al., 2004) and the IDI. However, research indicates the agreement between such instruments used in the diagnosis of DPD is poor. The IDI may be a good measure of trait dependency, but is not useful for assessing DPD (Bornstein, 1994; Bornstein, 1999; Loas, Verrier, Gayant, & Guelfi, 1998) [as stated in Beitz & Bornstein (2006)]. The addition of more recently created measures, such as the DPQ, should be included in the study of dimensional screenings for DPD.

In the current study a new unpublished measure for DPD, the DPI-R will be evaluated. Following Poreh and Huber's study (2007), it is predicted that the internal consistency of the scale, using Cronbach's Alpha, will be high. The construct validity, as measured by the correlation between the IDI, DPQ and DPI-R, is also expected to be high. The predictive validity of the DPI-R , as measured by its correlation with the SCID-II, should be high as well.

CHAPTER III

PROCEDURES AND METHODS

Participants

One-hundred and one college students from a Midwestern university made up the sample used for this study. The sample consisted of 65 female and 36 male students. The university is located in an urban setting, with a student body that spans traditional to older adult ages. The Dependent Personality Questionnaire (DPQ), Interpersonal Dependency Inventory (IDI), and Dependent Personality Inventory-Revised (DPI-R) were administered to students in an introductory psychology classes. The students were offered extra credit for their participation.

Measures

The three self-report instruments used in the study were developed as a screening tool for Dependent Personality according to DSM-IV-TR diagnosis criteria. The Dependent Personality Inventory Revised (DPI-R;Poreh & Huber, 2007) (Appendix 4), Dependent Personality Questionnaire (DPQ; Tyrer, Morgan & Cicchetti, 2004) (Appendix 7), and the Interpersonal Dependency Instrument (IDI; Hirschfeld et al. 1977) (Appendix 6) evaluated the subjects' level of dependency.

The Dependent Personality Inventory Revised (DPI-R; Poreh & Huber, 2007) is a questionnaire consisting of 79-items that are answered on a dichotomous scale (True/False). Each question represents one of the eight categories that are represented in the eight diagnostic criteria for Dependent Personality in the DSM-IV-TR. The questionnaire was designed to determine which dimension of dependency an individual is elevated, as well as form subcategories of DPD based on the DSM criteria. The DPI-R has high internal consistency (r=.90) for the full scale, and reasonably strong reliability for all the criterion subscales (Poreh and Huber, 2007).

The Dependent Personality Questionnaire (DPQ) is an 8-item questionnaire measured on a Likert scale where 0=yes, definitely and 3= no, not at all. Each item represents a diagnostic criterion for dependent personality based on the DSM-IV-TR. The instrument was designed to be a short, self-rating scale used to measure the presence or absence of dependent personality disorder. Diagnostic accuracy of the DPQ has been demonstrated by its creators. Tyrer et al. found overall diagnostic accuracy, sensitivity, specificity, predicted positive accuracy, and predicted negative accuracy of 87.5%, suggesting the DPQ is a valid instrument for screening for DPD. The DPQ may also be useful in the investigation of the relationship between dependent personality disorder and other psychiatric diagnosis including substance abuse (Tyrer et al. 2004).

The Interpersonal Dependency Inventory (IDI; Hirschfeld et al., 1977) was developed to address three theories of interpersonal dependency, including social learning theories of dependency, psychoanalytic theory of object relations, and ethological theory of attachment (See Appendix 4). According to social learning theories (Dollard & Miller, 1950: Gewirtz, 1969: Whiting, 1944) [as stated in Hirschfeld et al. 1977], dependency is a learned drive which stems

from the infant's initial reliance from the mother, is acquired through experience rather than being an instinctual drive. Such learned behaviors are generalized to the individual's interpersonal relations. The psychoanalytical theory describes dependency as acquired through intentional aims via interaction with the mother and other social objects (Freud, 1938). In the ethological theory, dependency is described as an affectional bond that one person (or animal) forms to another specific individual (Bowlby, 1969). Such a bond is created by behaviors promoting proximity to and contact with the love object and by behavioral disruptions if separation occurs (Cairns, 1972).

The measure consists of 48 items. Eighteen of the items are related to emotional reliance on another person. These items relate to attachment and dependency because the attachment bond is enduring and specific to a single individual and related to strong emotions (Hirschfeld, 1977). Sixteen items address the lack of social self confidence, and 14 items consider the assertion of autonomy. Since dependency refers to that class of behaviors stimulating general help, approval, and attention, such behaviors are related to autonomy and social self confidence. This class of behaviors is sensitive to differences in response, may easily be transferred from one individual to another, and are more often apparent during childhood (Ainsworth, 1952; Sears, 1972) [as cited in Hirschfeld et al. 1977]. Hirschfeld et al., 1977 used the algorithm +3X scale 1 (emotional reliance on others) + 1X scale 2 (lack of self confidence) + 1X scale 3(assertion of autonomy) for the scoring of sum scores. Many researchers use their own formula to score the instrument (Loas, Corcos, Perez-Diaz, Verrier, Guelfi, Halfon, et al., 2002). The results of Hirschfeld's study revealed split-half reliabilities of 0.86 and 0.76 on the three scales while using a normal sample.

The *Structured Clinical Interview for* DSM-IV *Axis II Personality Disorders* (SCID-II) (First et al., 1997) is perhaps one of the most widely used categorical or dimensional measures of PDs. The SCID-II is a semi structured diagnostic interview for assessing the 10 Axis II personality disorders, along with Depressive Personality Disorder, Personality Disorder Not Otherwise Specified, and Passive-Aggressive Personality Disorder, according to DSM-IV criteria. The clinician or researcher may administer the whole SCID-II, or only those sections related to the particular personality disorders of interest. The interview is made up of open-ended questions intended to assess general personality traits. As in a categorical approach, the instrument is capable of determining if a PD is present or absent. It is also able to take on a dimensional approach in noting the number of personality disorder criteria for each diagnosis that are coded "3" (threshold of the criteria is met or is more than met). For research purposes, the SCID-II can be used to characterize the profile of personality disorders for a sample of a certain setting, particular characteristics, or particular diagnosis. Most notably, the measure can be used in deriving a diagnosis according the DSM criteria, as well as serving as a comparison measure to other assessments used in screening for personality disorders. The sum of the component criterion scores (0 to 3) are calculated for diagnosis. Upon analysis of the SCID-II by using the Personality Disorder Examination as the standard, Jacobsen, Perry and Frances (1995) found the false negative rate was low for every PD diagnosis and its procedure for following up on positive responses was a valid method. Though the SCID-II may function as a good comparison model, the questions are too superficial for the creation of an adequately descriptive profile.

Procedure

It was explained to the students that participation in the study required completion of three self-report measures with a possible follow-up interview. Students were then informed that the individuals chosen to participate in the follow-up portion would be statistically selected. They were told completion of the self-reports would take about 20 minutes, and those interviewed would need to volunteer 10 to 25 minutes of their time. The students were then given the informed consent (see Appendix 1) along with the DPQ, IDI, and DPI-R. The informed consent contained the purpose of the study, potential risks of participation, along with procedures and benefits of the study. They were told participation was completely voluntary, and that there were no repercussions for opting out of the study at anytime. It was explained that students interested in participating in the study should provide their phone number on the consent form, and the last four digits of that phone number on all self-reports in order to be matched up later. Those willing to participate were instructed to immediately complete the three self-report measures while in class, reporting how they *usually* are. After completion of the self-reports, the consent forms were collected separately from the completed measures to ensure anonymity.

Following the screening, eleven students who scored the highest on the scale (those closest to 1.5 SD above the mean) and thirteen who scored no higher than what is considered to be in "normal range" (closest to the mean) were identified and asked to participate in the second phase of the study. These students were interviewed over the phone by the co-principal investigator, who had no knowledge of what the participant scored. This blind interview was conducted using the Structured Clinical Interview for the DSM (SCID-II) (First et a1., 1997) to see if the participant met the DSM-IV-TR diagnosis criteria for Dependent Personality.

Analysis

A regression analysis, using a stepwise entry system, was performed on each of the measures and on each subscale to verify their internal consistency. The degree of consistency among the variables in the summated scales was demonstrated by Cronbach's alpha. By running a bivariate correlation analysis of all scale items against each created subscale, any that did not correlate significantly were removed to increase the internal consistency of the scale. A factor analysis was performed to determine the number of dimensions of dependent personality the criteria scales measure. Then all revised criterion scales were factor analyzed, using principal axis factor analysis with a varimax rotation. Few numbers with large loadings on each factor and a large number of small loadings on the factors are created by varimax rotation. This provides simplified interpretations since varimax rotation produces as much separation between factors as possible. A regression analysis, using a stepwise entry system, was performed on the DPI-R's criteria scales, IDI subscales, and the DPQ in order to measure the construct validity of the DPI-R. Stepwise regression is a method of selecting variables for inclusion in the regression model that begins with selecting the variable that significantly correlates the highest with the criterion being measured (Hair, Black, Babin, Anderson, Tatham, 2006, pg. 175). Calculating the regression equation reveals the most significantly correlated items by partialling any variation in common with the variable already entered and eliminates any variables for which the regression coefficient is not significant. A relationship can then be revealed between the criterion scale that significantly correlates the most with each dependent variable (IDI subscales, DPQ), which is then compared with the dimensions of DPD from the DPI-R.

Lastly, a Receiver Operating Characteristic Curve (ROC Curve) was used to compare diagnostic accuracy between the DPI-R and SCID-II. The probability that the DPI-R will

accurately predict DPD when it is present (sensitivity) was determined. Also, the probability that a test result will rule out DPD when it is not present was analyzed (specificity). These results were expressed as a percentage.

CHAPTER IV

RESULTS

The scoring on twenty-three items on the DPI-R were reversed or written opposite to the DSM-IV-TR criteria for Dependent Personality Disorder so that the point value would match item content. Individual scales were created by grouping the items according to the DSM criterion they represented. These new variables were then analyzed according to each individual criterion.

Reliability of the DPI-R was analyzed for the complete measure as a whole, as well as each subsection that comprised all eight DSM criteria. The reliability of each criterion measure was revealed by analyzing the items that applied to a particular criterion measure (See Appendix 4). These questions represented new variables in the data.

The internal consistency of the total 55 items used to represent the eight criterion scales was good with α= .90. The reliability of each original criterion scale was measured using Cronbach's alpha. Scale 2, 4, 6, & 8 had ten items, scale 1 had eleven items, criterion scale 3 had twelve items, scale 6 contained nine items, and scale 7 had eight items. Individually the scales measuring criterion 2, 3, and 5 yielded poor to moderate reliability with alpha levels ranging

from .57 to .65. Criterion scales 1, 6, 7 and 8 yielded good alpha levels, ranging from .74 to .81. (see Table 1).

Table 1.
Comparison of Cronbach's Alpha for the DPI-R and each subscale between the original test and the newly created scales after item removal and addition.

	Original Scales			**New Scales**		
	N of items[a]	**Cases (N) Valid Excluded**	**Cronbach's Alpha**	**N of items[b]**	**Cases (N) Valid Excluded**	**Cronbach's Alpha**
DPI_all	55	100 1	.90	45	100 1	.90
Crit_1	11	100 1	.81	8	100 1	.82
Crit_2	10	100 1	.65	8	100 1	.64
Crit_3	12	100 1	.62	8	101 0	.67
Crit_4	10	99 2	.71	8	101 1	.68
Crit_5	9	100 1	.57	8	100 1	.58
Crit_6	10	99 2	.74	8	100 1	.74
Crit_7	8	98 3	.75	8	98 3	.75
Crit_8	10	99 2	.76	8	99 2	.73

[a] Number of questions in original scale.
[b] Number of questions in newly created scale after item(s) removal.

The 8 criterion scales were then empirically analyzed. The first eleven items pertaining to dependent personality disorder (has difficulty making everyday decisions without excessive advice and reassurance) had good internal consistency with a= .81, however, three items (15, 57, and 60) were removed according to their alpha level which ranged from a=.80 to a=.82 in order

to shorten the scale. The remaining eight items were then analyzed to create a new subscale with a slightly increased reliability of α=.82 (See Table 1).

Table 2.
Criteria scale item removal and addition as result of bivariate correlation and reliability analysis.

Scale	Original Items Deleted
Crit_1	**15r**(α=.80), **57r**(α=.82), **60**(α=.81)
Crit_2	**42**(α=.64), **66r**(α=.65)
Crit_3	**3r**(α=.63), **5**(α=.63), **35**(α=.61), **67r** (α=.60)
Crit_4	**12**(α=.73), **52**(α=.66)
Crit_5	**77**(α=.58)
Crit_6	**22**(α=.73), **38**(α=.75)
Crit_7	
Crit_8	**32**(α=.73), **38(**α=.76)
DPI_all	5, 6, 7, 9, 10, 13, 15r, 17r, 18, 20, 21, 24, 25r, 26, 28, 34, 36, 41, 43, 44r, 45, 47, 50, 51, 53, 54, 56, 58r, 59, 60, 61, 64, 65, 72, 73, 76

r= items to be reversed when assessing reliability of the whole scale and criterion scales

The second criterion scale (needs others to assume responsibility for most major areas of their life) consisted of ten questions which were analyzed yielding an alpha value of .65. Items 42 and 66r were eliminated according to the question's relevance towards DPD criteria. The reliability of the resulting items was a=.64.

Criterion scale three (has difficulty expressing disagreement with others because of fear of loss of support of approval) contained twelve items with a reliability of α=.62. Items 3r, 5, 35, and 67r were removed according to their alpha level. The newly created scale had an increased reliability of α=.67 (see Table 1).

The scale for criterion four (has difficulty initiating projects or doing things on their own because of lack of self-confidence in abilities) obtained an alpha level of .71 with its original items. Two items were removed, 12 and 52, because of their low alpha values. The resulting criterion scale had an increase alpha value of .67 (see Table 1)

The fifth criterion scale for dependent personality (goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant) originally had the lowest alpha level of all the scales with α=.57. The removal of item 77 slightly increased the reliability to .58 (see Table 1).

Criterion number six (feels uncomfortable or helpless when alone because of exaggerated fears of being unable to take care of himself or herself) consisted of ten items with an alpha level of .74. Item 22 and 38 were removed according to their weak relevance towards that specific criterion of DPD. The resulting alpha level did not change after removal of the items, making the criterion scale shorter, while as reliable as the original.

The alpha level of criterion scale seven (urgently seeks another relationship as a source of care and support when a close relationship ends) was originally .75. Since the scale had good reliability and already contained eight items, no items were removed.

The eighth criterion scale (is unrealistically preoccupied with fears of being left to take care of him or herself) had an alpha level of .76. To reduce the amount of items to eight, items 32 and 38 were removed resulting in an alpha level of .73 (see Table 1).

Removal of the original items (3r, 5, 12, 15r, 22, 32, 35, 38, 42, 52, 57r, 60, 66r, 67r, 77) (see Table 2) contributed to creating a scale as reliable as the DPI-R, but shortened as to include only the most significant 45 items. The newly created version of the revised Dependent Personality Inventory-Revised remained highly reliable (α=.90).

The DPQ had items that needed to be reversed before a correlation analysis could be done (items 1, 2, 5, and 6). A correlation analysis between the DPI-R and the DPQ showed a significant correlation at $r = -.75$, $p < .001$. While a correlation analysis between the DPI-R and IDI revealed a correlation of $r = -.34$, $p < .001$.

The eight revised criterion scales were factor analyzed using a principal axis factor analysis with a varimax rotation. A varimax rotation was used since it results in a few numbers having large loadings on each factor and a large number of small loadings on the factors. Interpretation is simplified this way because it produces as much separation between the factors as possible. As in the study by Poreh and Huber (2006), the analysis resulted in two dimensions of dependent personality. Factor 1, which consisted of DSM-IV-TR (APA, 2000) criteria 6 (feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself), 7 (urgently seeks another relationship as a source of care and support when a close relationship ends), and 8 (is unrealistically preoccupied with fears of being left to take care of himself or herself), loaded at a=.80 or higher. This factor represents a lack of self-confidence in one's judgment or decision making abilities and has been labeled "Rely on Others." The second factor contained DSM-IV-TR criteria 1 (has difficulty making everyday decisions without an excessive amount of advice and reassurance from others), 2 (needs others to assume responsibility for most major areas of his or her life), 3 (has difficulty expressing disagreement with others because of fear of loss of support or approval), 4 (has difficulty initiating projects or doing things on his or her own), and criterion 5 (goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant). These criterion are all related to the need of a relationship for care, support, and to avoid aloneness, and was labeled "Need for Relationships."

Factor 1 and factor 2 were found to measure two different constructs of dependent personality. A correlation analysis was performed with the subscales of the IDI and the DPQ to add support to this claim.

Table 3
Correlation of the DPI factor dimensions with the DPQ and the IDI

	Dependent Personality Inventory Revised	
Scale	**Factor 1: Need for Help**	**Factor 2: Need for Relationship**
DPQ	r= -.65*, p< .001	r= -.47*, p< .001
IDI and DRI-R	r=-.51*, p<.001	r=.55*, p<.001
IDI1	r= .53*, p<.00	r= .56*, p<.00
IDI2	r= .53*, p<.00	r= .33*, p<.00
IDI3	r= -.29, p< .00	r= .04, p< .00

* Correlation is significant at the .01 level.

The DPQ negatively correlated with factor 1 (r=.-.65, p<.001) and with factor 2 (r=-.47, p<001). The correlation of the DPI-R and the IDI1 (emotional reliance on others) was significant with factor 1 (r=.53, p<.00) and slightly more with factor 2 (r= .56, p<.00). IDI2 (lack of self confidence) also correlated significantly with factor 1 (r=.53, p<.00) and less with factor 2 (r=.33, p<.00). Subscale IDI3 (assertion of autonomy) did not correlate significantly with either factor 1 (r=-.29, p<.00) or factor 2 (r=-.037, p<.00). The result of a factor analysis shows the most distinction between the factors of DPI-R can be seen when correlated with IDI2. This seems to reflect that the DPI-R is a measure more in line with this subscale (lack of self confidence). It also demonstrates which traits of DPD are most prevalent in the sample used.

Table 4
Significant relationships among the criteria scales for the DPI-R and the IDI subscales and the DPQ scales as determined by multiple regression analysis.

Analysis	Significant Relationship	R	SS Residual	df	F	Sig.
Total IDI	Crit_5	.47	78.2	1	27.5	0.001
IDI1 v. Crit_1-8	Crit _1	.31*	394.2	1	9.76	0.002
IDI2 v. Crit_1-8	Crit_5	.57*	1068.5	1	45.4	0.001
IDI3 v. Crit_1-8	Crit_7	.31	394.2	1	9.76	0.001
DPQ v. Crit_1-8	Crit_1 and Crit_8	.77	.751	2	65	0.001

R- Multiple Correlation statistic   SS- Residual Sum of Squares
df- degrees of freedom   F-F- test of significance
Sig.- significant level

A regression analysis was performed on the DPI-R's criterion scales, the DPQ, and the subscales of the IDI to measure the construct validity of the DPI (see Table 4).

In the first analysis between IDI1 "emotional reliance on others" and the eight criterion scales, criterion 1 (has difficulty making everyday decisions without excessive advice or reassurance) had the strongest correlation at R=.31. In the second analysis between IDI2 "lack of self confidence" and the eight criterion scales, criterion 5 was found to have the highest correlation at R=.57. In the analysis using IDI3 "assertion of autonomy," criterion 7(urgently seeks another relationship as a source of support when a close relationship ends) was found to have the strongest relationship at R=.31 (see Table 4).

A regression analysis was also performed between the DPQ and the eight criterion scales of the DPI-R. The results yielded one significant model (see Table 4). Criterion 1 correlated the highest with the DPQ, R= .68. The addition of criterion 8 (is unrealistically preoccupied with fears of being alone to take care of him or herself) further strengthened the relationship. The analysis between the DPQ and the DPI-R resulted in the best model

and strongest relationship (r=.77), therefore representing the most important dimensions of dependent personality in the sample.

Twenty-four of the one-hundred-and-one participants were selected by the primary investigator for the second part of the study. The co-investigator blindly interviewed the participants using questions from the dependent personality section of the SCID-II. Clinical judgment was used to score the results of the interview. The co-investigator determined by the scores which participants met criteria for dependent personality disorder and which did not. The principal investigator then matched the diagnosis to the scores derived from the DPI-R. An ROC curve analysis was performed to determine diagnosis accuracy of the DPI-R screening. The scores of the 24 participants on the DPI-R were rank ordered from lowest, or 0 (0%) to highest, or 146 (99%), split the array of scores at the median on 109.5 (110). The split was related to the correct number of clinically diagnosed dependent and non-dependent participants. The data in Table 6 reflects an overall accuracy, sensitivity of 75%, specificity of 99%, and both predicted positive and predicted negative accuracies of 99%, thus representing good levels of diagnostic accuracy. Results of a Receiver Operating Characteristic curve (ROC curve) analysis support the diagnostic significance of the DPI-R in screening for dependent personality disorder.

CHAPTER V

DISCUSSION

The purpose of the current study was to provide more empirical evidence as to the validity and reliability of the DPI-R in screening for dependent personality disorder. The psychometric properties of the instrument for the assessment of the dimensions of DPD were also examined. Such subtypes were created according to DPD criteria as defined in the DSM-IV-TR. The use of the SCID-II in reaching diagnosis for DPD allowed for the comparison between participants scores on the DPI-R and its accuracy in reaching DSM-IV-TR criteria.

According to the analysis performed, the goal of the study was achieved. After the removal of items based on Cronbach's alpha, a slightly more reliable questionnaire was revealed. This newly revised version showed high internal consistency for the full scale with significant reliability for all the criterion subscales.

The construct validity of the DPI-R provides further empirical evidence to previous findings that suggest two distinct constructs for dependent personality disorder (Livesley, 1990; Gude et al., 2004).

The factor analysis of the eight criterion scales in the DPI-R resulted in the same composition of the two factors as in the study done by Huber & Poreh, This study only further validated exactly which dimensions are uncovered by the DPI-R ("Rely on Others" and "Need for Relationships"). Support for the two dimensions of DPD was explored with the correlation analysis between the DPQ and the IDI subscales. When the two factor structure of the DPI-R was correlated with the DPQ and IDI, the dimensions of the scale were better distinguished with the subscale IDI2.This distinction helps prevent an overlapping of characteristics uncovered by the measure. The DPI-R significantly correlated with subscales IDI1 and IDI2, however, it was negatively correlated with IDI3 and the DPQ. This suggests the significant dimensions within the DPI-R are mostly related to the IDI1 subscale called "emotional reliance on others" and IDI2 subscale called "lack of self confidence." Such results support the Huber & Poreh study, as the dimensions previously uncovered in the DPI-R were labeled "Rely on Others" and "Need for Relationships."

Conflicting with the results derived in the Huber & Poreh's study, the DPQ was found to negatively correlate with factor 1 and factor 2. There were also different results between the two studies regarding the relationship between criterion scales of the DPI-R and the DPQ. In the Huber & Poreh study, criterion 2 correlated the highest with the DPQ, and the addition of criterion 3 and 4 further strengthened the relationship. In this study, a model with criterion 1 and criterion 8 of the DPQ was found to have the strongest relationship. The disparity between the two studies suggests the DPQ may not have high reliability.

Though our study did not completely agree with the Huber & Poreh study, two dimension of DPD were uncovered with the DPI-R. The distinction between dimensions should be strengthened in future studies to create clear dimensions of DPD within a personality profile. The measure was also found to have high internal consistency and construct validity. The relationship between the DPI-R and DPQ should be investigated further in future research.

Clinical Implications

The ultimate goal of the DPI-R is to become part of a larger scale personality assessment. The scale will begin with using questions related to the entire spectrum of personality disorders, followed by the sole use of questions that apply to an individual's personality disorder, if there is one present. The extremely high reliability of the DPI-R for measuring the construct of dependency shows promise for its future clinical implications. Compared to other scales used for the diagnosis of Dependent Personality Disorder, the DPI-R has shown its superior ability to uncover the dimensions of DPD. The disorder may also be better understood by the two dimensional factor structure of the measure.

Separate subscales were successfully derived in the results of the DPI-R developed according to the DSM-IV-TR criterion. When compared to the DPQ and IDI, the DPI-R can better identify what dimension(s) of dependency a person has, "Rely on Others" or "Need for Relationships." It has been stated that a dimensional approach towards personality disorder is more likely to succeed if it represents an orderly and logical progression from the categorical in DSM-IV (Krueger, Skodol, Livesley, Shrout, Huang, 2007). The present study satisfies such a

goal by using a scale that has the ability to support the diagnosis reached from clinical interview, as well as being able to uncover the subtypes of DPD.

Assessing for the dimensions or subtypes of DPD provides more information about the individual's personality for a more focused or guided treatment. The first dimension of the DPI-R "Rely on Others" is more of a covert or emotional characteristic of the disorder and "Need for Relationships" is an overt behavior, reflected in an individual's behavior. The distinction between the presence of more overt or covert behaviors would assist in the decision to provide a client with either a more cognitive or behavioral form of therapy. The areas in which the client needs work on will be the primary concern, cutting down on the amount of therapy time necessary to treat the patient. However, use of the two factor solution of DPD in therapy should be investigated further before its use in therapy.

Potential Limitations

One of the most limited aspects of the study was the low number of participants. One-hundred-and-one participants were not enough to sufficiently interpret the factor analysis that was performed. The participants also do not represent a population representative of national standards. With limited time and resources, the current mental health status of this nonclinical population was unknown. The participants were not screened for any preexisting mental health or personality disorders. This is especially important because depression can increase dependency traits. The influence of depression on DPD should be controlled (Bornstein & O'Neill, 2000). Time constraints and limited accessibility to a more diverse population cause the results to be inconclusive. Future studies should include samples from both the general

population and psychiatric population in exploring how the questionnaire and subscales present in other measures of dependency. As a result of further study and analysis, the instrument may be used to create a personality profile that can just as accurately assess for traits on either the more “normal” or “severe” ends of the personality continuum.

The use of informants may also provide more information about DPD traits. The observable behaviors and social traits of an individual with DPD may be better accounted for by someone that has a relationship with the individual. Such informants’ reports of PD symptomology have been better able to predict later social maladjustment (Klein, 2003) [as stated in Miller, Pilkonis, Morse, 2004].

CHAPTER VI

CONCLUSION

Results of the current study are suggestive that the DPI-R may soon warrant clinical use. Upon modification from its original version, the DPI-R has become a shorter scale with only 8 items per criterion and has remained highly reliable. Its reliability was found to be higher than that of the DPQ and IDI with the sample used for this study. The internal consistency was also remarkably high; however, only with further research will the reliability of the measure be more conclusive.

A correlation analysis with the DPQ and IDI revealed the high construct validity of the DPI-R. An ROC Curve analysis supports such a finding. A stronger relationship between the DPI-R and the DPQ could also be seen since both measures are more closely based on the DSM-IV-TR criteria for DPD than that of the IDI. The DPI-R was created to measure the presence of different dimensions of DPD and is observed to do so in the present study. Further research should be conducted to support this claim since development in this area permits better understanding of dependency.

The DPI-R has the potential to become a new measure for dependency. It was developed based on the eight DSM-IV-TR criteria for dependent personality disorder which contributes to its validity as a true measure of the personality trait. A high rate of reliability and validity of the

measure has been found, however, future studies should be used to support this claim before the clinical use of this scale occurs.

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APPENDICES

Appendix 1

Informed Consent **ID#_________**

Dear Student:

This study is being conducted by Dr. Poreh and Ms. Gluszik of the Department of Clinical Psychology at Cleveland State University. The purpose of this study is to collect normative data from the three scales that were handed out to you. It is our goal that the information collected will enhance our ability to better evaluate subcategories of personality dimensions.

Please complete the three questionnaires, responding to the statements *according to how you are normally*. This should only take about 20 min.

If you do not object to participating in the second part of the study, sign this form, and provide a phone number you can be reached. The last 4 digits of your phone number will serve as your ID#. Please write that number on the top of this form and at the top of your completed questionnaires. You may be contacted to set up an interview. The 20-25min. interview will take place at the University when convenient for you.

Participation is completely voluntary. If you decide to participate, you may stop and withdraw at anytime. There is no consequence for not participating. The information obtained will be kept confidential and stored securely. If you are a CSU student, you may receive extra credit for your participation if permitted by your professor.

For further information regarding this research please contact Dr. Amir Poreh at (216) 687-3718, email a.poreh@csuohio.edu or Laura Gluszik at (440)409-2642, LaGluszik@yahoo.com.

If you have any questions about your rights as a research participant you may contact the Cleveland State University Institutional Review Board at (216) 687-3630.

There are two copies of this letter; one to complete, and one to keep for your records. After signing the one copy, tear it from your test packet and turn it in separately from the questionnaires in order to guarantee confidentiality. Thank you in advance for your cooperation and support.

Please indicate your agreement to participate by signing below.

I am 18 years or older and have read and understood this consent form and agree to participate.

Signature: ____

Name:____ (Please Print)

Phone Number:____

Date:____

Appendix 2

Diagnostic criteria for 301.6 Dependent Personality Disorder

A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early childhood and present in a variety of contexts, as indicated by five (or more) of the following:

1. has difficulty making everyday decisions without an excessive amount of advice and reassurance from others
2. needs others to assume responsibility for most major areas of his or her life
3. has difficulty expressing disagreement with others because of fear of loss of support or approval (note: do not include realistic fears of retribution)
4. has difficulty initiating projects or doing things on his or her own (because of lack of self-confidence in judgment or abilities rather than a lack of motivation or energy)
5. goes to excessive lengths to obtain nurturance and support from other, to the point of volunteering to do things that are unpleasant
6. feels uncomfortable or helpless when alone because of exaggerated fears of being able to care for himself or herself
7. urgently seeks another relationship as a source of care and support when a close relationship ends
8. is unrealistically preoccupied with fears of being left to take care of himself or herself

Appendix 3

Script for Participant Recruitment

"My name is Laura Gluszik and I am a student in the Clinical Psychology Graduate Program here at Cleveland State University. I am working on my thesis regarding personality and am asking those of you that are available to fill out a questionnaire that takes about twenty minutes to complete. I will give you the questionnaire with a separate consent form. One consent form is for you to keep, the other is to fill out, sign, and hand back to me with your completed questionnaires. We will keep your consent form separate from the questionnaires to ensure anonymity. Please make sure you put the last four digits of your phone number on the questionnaires. We will be randomly contacting a few people to participate in the second part of the study which consists of an interview taking about 15 minutes to complete. This interview will take place over the phone at a time convenient for you. You may choose to discontinue your participation at anytime without any kind of penalty. Your professor has decided to give 5 extra credit points to those of you that would like to participate. Let me know if you have any questions. Thank You.

Appendix 4

Dependent Personality Inventory-Revised
(DPI-R)

Male_____ Female_____ Age______

Please read each of the statements below. Then mark if the statement is true as applied to you or false if it is not. Please take into account how you feel normally, not just how you are feeling at this moment.

	TRUE	FALSE
3. I don't care what people think of me.		
5. I will do anything to make my significant other happy.		
6. I always have to be in a relationship to feel comfortable.		
7. I never end a relationship without being involved with another person to care for me.		
8. When I am sick I need someone to take care of me.		
9. I feel uneasy about my decisions and need the approval of others to feel more comfortable about them.		
10. I am easily persuaded or influenced by others.		
12. When I start a project I have trouble finishing it without needing advice from others.		
13. I am unsure of my thoughts and actions unless I have someone else's support.		
15. I consider myself to be a highly confident person.		
17. I typically feel comfortable about the decisions I make.		
18. I prefer a structured living environment where my daily plans are laid out for me.		
20. I have difficulty completing projects on my own because I constantly feel my work is inadequate.		
21. I will stay late or take on extra shifts at work, even if I have plans, just to make my supervisor happy.		
22. I feel very anxious when my significant other goes on a long trip without me.		
24. I constantly worry that I will end up alone and have to take care of myself.		
25. I find it easy to make decisions on my own.		
26. I don't trust myself to make major decisions in my own life.		
28. I am not considered a confident person.		

	TRUE	FALSE
31. I am considered by others to be a strong, independent person.		
32. I fear I will not be able to take care of myself when my significant other dies.		
34. I need support of my friends and family when making important decisions in my life.		
35. I avoid confrontations at all costs.		
36. I feel uneasy tackling a large task on my own.		
38. I am unable to take care of myself without help from others.		
39. I consider myself to be a clingy person in relationships.		
40. I would rather live with someone else than by myself.		
41. I always feel upset if people disapprove of my decision.		
42. Army life would agree with me; I prefer to have others tell me what to do.		
43. I would not wear a certain type of clothing that my friends do not approve of.		
44. Many people say I have excellent judgment.		
45. I will always go out of my way to make sure my friends are happy.		
47. When one relationship ends I jump into another one without thinking.		
50. I would rather have someone else plan out my future goals, than have to decide for myself.		
51. I have trouble expressing my opinions.		
52. I am often disappointed with myself.		
53. I will agree with others even though it goes against my beliefs.		
54. I try to make my relationships work no matter what.		
56. I constantly fear that I will be left alone.		
57. I like to be put in a leadership position.		
58. I am confident in my decision making skills.		
59. I would change my opinion to agree with my friends.		
60. I am not confident in my decisions for many situations.		
61. I sometimes exaggerate my needs in order to gain support from others.		
64. Knowing that I have someone to take care of me is the only thing that keeps my mind at ease.		

	TRUE	FALSE
65. When forced to make decisions on my own I feel anxious and uncomfortable.		
66. My friends often ask me for advice on how to precede in difficult life situations.		
67. I would participate in a debate.		
71. I prefer to take some time for myself after a relationship ends, rather than rushing into a new one.		
72. My greatest fear is that I will have to live on my own and take care of myself.		
73. It is difficult for me to make decisions on my own.		
75. I need support of my friends and family.		
76. I have trouble starting projects.		
77. I would sacrifice things I loved if my significant other wanted to move and I did not.		
81. I would let my friends take credit for my ideas, so as to get their approval.		
82. I am a very sociable person.		
83. It makes me uncomfortable to put on a stunt at a party even when others are doing the same sort of things.		
84. I frequently have to fight against showing that I am bashful.		
85. I find it hard to make talk when I meet new people.		
86. I wish I were not so shy.		
87. When in a group of people I have trouble thinking of the right things to talk about.		
88. In a group of people I would not be embarrassed to be called upon to start a discussion or given an opinion about something I know well.		
89. I am likely not to speak to people until they speak to me.		
90. In school I found it very hard to talk in front of the class.		
91. I seem to make friends about as quickly as others do.		
92. I am easily embarrassed.		
93. I have no dread of going into a room by myself where other people have already gathered and are talking.		
94. While in trains, busses, etc., I often talk to strangers.		
95. I do not mind meeting strangers.		
96. I like to go to parties and other affairs where there is lots of fun.		

	TRUE	FALSE
97. At parties I am more likely to sit by myself or with just one other person than to join in with the crowd.		
98. I love to go to dances.		
99. I enjoy social gatherings just to be with people.		
100. I enjoy the excitement of a crowd.		
101. My worries seem to disappear when I get into a crowd of lively friends.		
102. Whenever possible I avoid being in a crowd.		
103. I like parties and socials.		
104. I find it hard to keep my mind on a task or job.		
105. I wish I could be as happy as others seem to be.		
106. Most people are honest chiefly because they are afraid of being caught.		
107. Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it.		
108. I have often lost out on things because I couldn't make up my mind soon enough.		
109. I think nearly anyone would tell a lie to keep out of trouble.		
110. I easily become impatient with people.		
111. I forget right away what people say to me.		
112. I have several times given up doing a thing because I thought too little of my ability.		
113. Sometimes some unimportant thought will run through my mind and bother me for days.		
114. People often disappoint me.		
115. I t makes me feel like a failure when I hear of the success of someone I know well.		
116. I often think, "I wish I were a child again."		
117. I have often found people jealous of my good ideas, just because they had not thought of them first.		
118. I feel like giving up quickly when things go wrong.		
119. I shrink from facing a crisis or difficulty.		
120. I am apt to pass up something I want to do when others feel that it isn't worth doing.		

Appendix 5

DPI-R criterion scales after item removal/ addition arranged according to DSM-IV criteria of Dependent Personality Disorder.

*Item numbers to be reversed on answer input.

Criteria 1) Difficulty making everyday decisions.

6. I feel uneasy about my decisions and need the approval of others to feel more comfortable about them.

*9. I consider myself to be a highly confident person.

*10. I typically feel comfortable about the decisions I make.

*15. I find it easy to make decisions on my own.

16. I don't trust myself to make major decisions in my own life.

26. I always feel upset if people disapprove of my decision.

*38. I like to be put in a leadership position.

*39. I am confident in my decision making abilities.

41. I am not confident in my decisions for many situations.

44. When forced to make decisions on my own I feel anxious and uncomfortable.

49. It is difficult for me to make decisions on my own.

Criteria 2) Needs others to assume responsibility for most major areas of life.

6. I feel uneasy about my decisions and need the approval of others to feel more comfortable about them.

7. I am easily persuaded or influenced by others.

11. I prefer a structured living environment where my daily plans are laid out for me.

16. I don't trust myself to make major decisions in my own life.

17. I am not considered a confident person.

20. I need support of my friends and family when making important decisions in my life.

27. Army life would agree with me; I prefer to have others tell me what to do.

32. I would rather have someone else plan out my future goals, than have to decide for myself.

*39. I am confident in my decision making abilities.

*45. My friends often ask me for advice on how to precede in difficult life situations.

Criteria 3) Has difficulty expressing disagreement with others because of fear of loss or support from others.

*1. I don't care what people think of me.

2. I will do anything to make my significant other happy.

7. I am easily persuaded or influenced by others.

21. I am not considered a confident person.

21. I avoid confrontations at all costs.

28. I would not wear a certain type of clothing that my friends do not approve of.

33. I have trouble expressing my opinions.

35. I will agree with others even if it is against my beliefs.

40. I would change my opinion to agree with my friends.

*46. I would participate in a debate.

50. I need support of my friends and family.

53. I would let my friends take credit for my ideas so as to get their approval.

Criteria 4) Has difficulty initiating projects or doing things on own because of lack of self-confidence in judgment or abilities rather than a lack of motivation or energy.

8. I am unsure of my thoughts and actions unless I have someone else's support.

*9. I consider myself to be a highly confident person.

12. I have difficulty completing projects on my own because I constantly feel my work is inadequate.

17. I am not considered a confident person.

22. I feel uneasy tackling a large task on my own.

*29. Many people say I have excellent judgment.

34. I am often disappointed with myself.

41. I am not confident in my decisions for many situations.

51. I have trouble starting projects.

Criteria 5) Goes to excessive lengths to obtain nurturance and support from others to the point of volunteering to do things that are unpleasant.

2. I will do anything to make my significant other happy.

6. I feel uneasy about my decisions and need the approval of others to feel more comfortable about them.

7. I am easily persuaded or influenced by others.

8. I am unsure of my thoughts and actions unless I have someone else's support.

13. I will stay late or take on extra shifts at work, even if I have plans, just to make my supervisor happy.

30. I will always go out of my way to make sure my friends are happy.

35. I will agree with others even if it is against my beliefs.

42. I sometimes exaggerate my needs in order to gain support from others.

52. I would sacrifice things I loved if my significant other wanted to move and I did not.

Criteria 6) Feels uncomfortable or helpless alone because of exaggerated fears of being unable to care for self.

3. I always have to be in a relationship to feel comfortable.

4. I never end a relationship without being involved with another person to care for me.

14. I constantly worry that I will end up along and have to take care of myself.

23. I am unable to take care of myself without help from others.

31. When one relationship ends I jump into another one without thinking.

36. I try to make my relationships work no matter what.

37. I constantly fear that I will be left alone.

43. Knowing that I have someone to take care of me is the only thing that keeps my mind at ease.

48. My greatest fear is that I will have to live on my own and take care of myself.

Criteria 7) Urgently seeks another relationship as a source of care and support when a close relationship ends.

3. I always have to be in a relationship to feel comfortable.

4. I never end a relationship without being involved with another person to care for me.

5. When I am sick I need someone to take care of me.

*18. I am considered by others to be a strong, independent person.

24. I consider myself to be a clingy person in relationships.

31. When one relationship ends I jump into another one without thinking.

43. Knowing that I have someone to take care of me is the only thing that keeps my mind at ease.

*47. I prefer to take some time for myself after a relationship ends, rather than rushing into a new one.

Criteria 8) Is unrealistically preoccupied with fears of being left to take care of self.

3. I always have to be in a relationship to feel comfortable.

4. I never end a relationship without being involved with another person to care for me.

5. When I am sick I need someone to take care of me.

14. I constantly worry that I will end up along and have to take care of myself.

19. I fear I will not be able to take care of myself when my significant other dies.

23. I am unable to take care of myself without help from others.

25. I would rather live with someone else than by myself.

37. I constantly fear that I will be left alone.

43. Knowing that I have someone to take care of me is the only thing that keeps my mind at ease.

48. My greatest fear is that I will have to live on my own and take care of myself.

Appendix 6

Interpersonal Dependency Inventory

(IDI)

Date_________________ Age______ Education_______

Instructions: 48 statements are presented below. Please read each one and decide whether or not it is characteristic of your attitudes, feelings, or behavior. Then assign a rating to every statement, using the values given below:

4= very characteristic of me

3= quite characteristic of me

2= somewhat characteristic of me

1= not characteristic of me

_____ 1) I prefer to be by myself

_____ 2) When I have a decision to make, I always ask for advice.

_____ 3) I do my best work when I know it will be appreciated.

_____ 4) I can't stand being fussed over when I am sick.

_____ 5) I would rather be a follower than a leader.

_____ 6) I believe people could do a lot more for me if they wanted to.

_____ 7) As a child, pleasing my parents was very important to me.

_____ 8) I don't need other people to make me feel good.

_____ 9) Disapproval by someone I care about is very painful for me.

_____ 10) I feel confident of my ability to deal with most of the personal problems I am likely to meet in life.

_____ 11) I'm the only person I want to please.

_____ 12) The idea of losing a close friend is terrifying to me.

_____ 13) I am quick to agree with the opinions expressed by others.

_____ 14) I rely only on myself.

_____ 15) I would be completely lost if I didn't have someone special.

_____ 16) I get upset when someone discovers a mistake I made.

_____ 17) It is hard for me to ask someone for a favor.

_____ 18) I hate it when people offer me sympathy.

_____ 19) I easily get discouraged when I don't get the help I need from others.

_____ 20) In an argument, I give in easily.

_____ 21) I don't need much from people.

_____ 22) I must have one person who is very special to me.

_____ 23) When I go to a party, I expect that other people will like me.

_____ 24) I feel better when I know someone else is in command.

_____ 25) When I am sick, I prefer my friends leave me alone.

_____ 26) I'm never happier than when people say I've done a good job.

_____ 27) It is hard for me to make up my mind about a TV show or movie until I know what other people think.

_____ 28) I am willing to disregard other people's feelings in order to accomplish something that is important to me.

_____ 29) I need to have one person who puts me above all others

_____ 30) In social situations I tend to be very self conscious.

_____ 31) I don't need anyone.

_____ 32) I have a lot of trouble making decisions by myself.

_____ 33) I tend to imagine the worst when a loved one doesn't arrive when expected.

_____ 34) Even when things go wrong I can't get along asking my friends for help

_____ 35) I tend to expect too much from others.

_____ 36) I don't like to buy clothes by myself.

_____ 37) I tend to be a loner.

_____ 38) I feel that I never really get all I need from people.

_____ 39) When I meet new people I'm afraid that I won't do the right thing.

_____ 40) Even if most people turned against me, I could still go on if someone I lived stood by me.

_____ 41) I would rather stay free from involvement with others than to risk disappointment.

_____ 42) What people think of me doesn't affect how I feel.

_____ 43) I think that most people don't realize how easily they can hurt me.

_____ 44) I am very confident about my own judgment.

_____ 45) I have always had a terrible fear that I will lose the love and support of people I desperately need.

_____ 46) I don't have what it takes to be a good leader.

_____ 47) I would feel helpless if deserted by someone I love.

_____ 48) What other people say doesn't bother me.

Appendix 7

Dependent Personality Questionnaire
(DPQ)

Male_____ Female_____ Age____

Please read each of the statements below. Then write your score in the blank corresponding to the item based on the scale below. Please take into account how you are normally, not just how you are feeling at the moment.

Scoring Scale:
0= Yes, definitely
1= Yes, a little
2= No, not much
3= No, not at all

1. I am an independent person. _____________

2. I prefer coping with problems on my own. _____________

3. I tend to give in to other people. _____________

4. I do not like being on my own. _____________

5. I am good at making decisions. _____________

6. I am a self-confident person. _____________

7. I rely a lot on my family and friends. _____________

8. When things go wrong in my life it takes me a long time to get back to normal. _____________

Appendix 8
Dependent Personality Inventory-Revised
(DPI-R)

Male_____ Female_____ Age______

Please read each of the statements below. Then mark if the statement is true as applied to you or false if it is not. Please take into account how you feel normally, not just how you are feeling at this moment.

	TRUE	FALSE
6. I always have to be in a relationship to feel comfortable.		
7. I never end a relationship without being involved with another person to care for me.		
8. When I am sick I need someone to take care of me.		
9. I feel uneasy about my decisions and need the approval of others to feel more comfortable about them.		
10. I am easily persuaded or influenced by others.		
13. I am unsure of my thoughts and actions unless I have someone else's support.		
17. I typically feel comfortable about the decisions I make.		
18. I prefer a structured living environment where my daily plans are laid out for me.		
20. I have difficulty completing projects on my own because I constantly feel my work is inadequate.		
21. I will stay late or take on extra shifts at work, even if I have plans, just to make my supervisor happy.		
24. I constantly worry that I will end up alone and have to take care of myself.		
25. I find it easy to make decisions on my own.		
26. I don't trust myself to make major decisions in my own life.		
28. I am not considered a confident person.		
31. I am considered by others to be a strong, independent person.		
34. I need support of my friends and family when making important decisions in my life.		
36. I feel uneasy tackling a large task on my own.		
39. I consider myself to be a clingy person in relationships.		
40. I would rather live with someone else than by myself.		
41. I always feel upset if people disapprove of my decision.		

	TRUE	FALSE
43. I would not wear a certain type of clothing that my friends do not approve of.		
44. Many people say I have excellent judgment.		
45. I will always go out of my way to make sure my friends are happy.		
47. When one relationship ends I jump into another one without thinking.		
50. I would rather have someone else plan out my future goals, than have to decide for myself.		
51. I have trouble expressing my opinions.		
53. I will agree with others even though it goes against my beliefs.		
54. I try to make my relationships work no matter what.		
56. I constantly fear that I will be left alone.		
58. I am confident in my decision making skills.		
59. I would change my opinion to agree with my friends.		
61. I sometimes exaggerate my needs in order to gain support from others.		
64. Knowing that I have someone to take care of me is the only thing that keeps my mind at ease.		
65. When forced to make decisions on my own I feel anxious and uncomfortable.		
71. I prefer to take some time for myself after a relationship ends, rather than rushing into a new one.		
72. My greatest fear is that I will have to live on my own and take care of myself.		
73. It is difficult for me to make decisions on my own.		
75. I need support of my friends and family.		
76. I have trouble starting projects.		
81. I would let my friends take credit for my ideas, so as to get their approval.		
82. I am a very sociable person.		
83. It makes me uncomfortable to put on a stunt at a party even when others are doing the same sort of things.		
84. I frequently have to fight against showing that I am bashful.		
85. I find it hard to make talk when I meet new people.		
86. I wish I were not so shy.		

	TRUE	FALSE
87. When in a group of people I have trouble thinking of the right things to talk about.		
88. In a group of people I would not be embarrassed to be called upon to start a discussion or given an opinion about something I know well.		
89. I am likely not to speak to people until they speak to me.		
90. In school I found it very hard to talk in front of the class.		
91. I seem to make friends about as quickly as others do.		
92. I am easily embarrassed.		
93. I have no dread of going into a room by myself where other people have already gathered and are talking.		
94. While in trains, busses, etc., I often talk to strangers.		
95. I do not mind meeting strangers.		
96. I like to go to parties and other affairs where there is lots of fun.		
97. At parties I am more likely to sit by myself or with just one other person than to join in with the crowd.		
98. I love to go to dances.		
99. I enjoy social gatherings just to be with people.		
100. I enjoy the excitement of a crowd.		
101. My worries seem to disappear when I get into a crowd of lively friends.		
102. Whenever possible I avoid being in a crowd.		
103. I like parties and socials.		
104. I find it hard to keep my mind on a task or job.		
105. I wish I could be as happy as others seem to be.		
106. Most people are honest chiefly because they are afraid of being caught.		
107. Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it.		
108. I have often lost out on things because I couldn’t make up my mind soon enough.		
109. I think nearly anyone would tell a lie to keep out of trouble.		
110. I easily become impatient with people.		
111. I forget right away what people say to me.		
112. I have several times given up doing a thing because I thought too little of my ability.		

	TRUE	FALSE
113. Sometimes some unimportant thought will run through my mind and bother me for days.		
114. People often disappoint me.		
115. I t makes me feel like a failure when I hear of the success of someone I know well.		
116. I often think, “I wish I were a child again.”		
117. I have often found people jealous of my good ideas, just because they had not thought of them first.		
118. I feel like giving up quickly when things go wrong.		
119. I shrink from facing a crisis or difficulty.		
120. I am apt to pass up something I want to do when others feel that it isn’t worth doing.		

Appendix 9

DPI-R criterion scales after item removal/ addition arranged according to DSM-IV criteria of Dependent Personality Disorder.

*Item numbers to be reversed on answer input.

Criteria 1) Difficulty making everyday decisions

*9. I consider myself to be a highly confident person.

*17. I typically feel comfortable about the decisions I make.

*25. I find it easy to make decisions on my own.

26. I don't trust myself to make major decisions in my own life.

41. I always feel upset if people disapprove of my decision.

*58. I am confident in my decision making abilities.

60. I am not confident in my decisions for many situations.

65. When forced to make decisions on my own I feel anxious and uncomfortable.

73. It is difficult for me to make decisions on my own.

Criteria 2) Needs others to assume responsibility for most major areas of life.

9. I feel uneasy about my decisions and need the approval of others to feel more comfortable about them.

10. I am easily persuaded or influenced by others.

18. I prefer a structured living environment where my daily plans are laid out for me

26. I don't trust myself to make major decisions in my own life.

28. I am not considered a confident person.

34. I need support of my friends and family when making important decisions in my life.

50. I would rather have someone else plan out my future goals, than have to decide for myself.

*58. I am confident in my decision making abilities.

Criteria 3) Has difficulty expressing disagreement with others because of fear of loss or support from others.

10. I am easily persuaded or influenced by others.

28. I am not considered a confident person.

43. I would not wear a certain type of clothing that my friends do not approve of.

51. I have trouble expressing my opinions.

53. I will agree with others even if it is against my beliefs.

59. I would change my opinion to agree with my friends.

75. I need support of my friends and family.

81. I would let my friends take credit for my ideas so as to get their approval.

Criteria 4) Has difficulty initiating projects or doing things on own because of lack of self-confidence in judgment or abilities rather than a lack of motivation or energy.

13. I am unsure of my thoughts and actions unless I have someone else's support.

*5. I consider myself to be a highly confident person.

20. I have difficulty completing projects on my own because I constantly feel my work is inadequate.

28. I am not considered a confident person.

36. I feel uneasy tackling a large task on my own.

*44. Many people say I have excellent judgment.

60. I am not confident in my decisions for many situations.

76. I have trouble starting projects.

Criteria 5) Goes to excessive lengths to obtain nurturance and support from others to the point of volunteering to do things that are unpleasant.

5. I will do anything to make my significant other happy.

9. I feel uneasy about my decisions and need the approval of others to feel more comfortable about them.

10. I am easily persuaded or influenced by others.

13. I am unsure of my thoughts and actions unless I have someone else's support.

21. I will stay late or take on extra shifts at work, even if I have plans, just to make my supervisor happy.

45. I will always go out of my way to make sure my friends are happy.

53. I will agree with others even if it is against my beliefs.

61. I sometimes exaggerate my needs in order to gain support from others.

Criteria 6) Feels uncomfortable or helpless alone because of exaggerated fears of being unable to care for self.

6. I always have to be in a relationship to feel comfortable.

7. I never end a relationship without being involved with another person to care for me.

24. I constantly worry that I will end up along and have to take care of myself.

47. When one relationship ends I jump into another one without thinking.

54. I try to make my relationships work no matter what.

56. I constantly fear that I will be left alone.

64. Knowing that I have someone to take care of me is the only thing that keeps my mind at ease.

72. My greatest fear is that I will have to live on my own and take care of myself.

Criteria 7) Urgently seeks another relationship as a source of care and support when a close relationship ends.

6. I never end a relationship without being involved with another person to care for me.

7. I never end a relationship without being involved with another person to care for me

8. When I am sick I need someone to take care of me.

*31. I am considered by others to be a strong, independent person.

39. I consider myself to be a clingy person in relationships.

47. When one relationship ends I jump into another one without thinking.

64. Knowing that I have someone to take care of me is the only thing that keeps my mind at ease.

*71. I prefer to take some time for myself after a relationship ends, rather than rushing into a new one.

Criteria 8) Is unrealistically preoccupied with fears of being left to take care of self.

6. I always have to be in a relationship to feel comfortable.

7. I never end a relationship without being involved with another person to care for me.

8. When I am sick I need someone to take care of me.

24. I constantly worry that I will end up along and have to take care of myself.

40. I would rather live with someone else than by myself.

56. I constantly fear that I will be left alone.

64. Knowing that I have someone to take care of me is the only thing that keeps my mind at ease.

72. My greatest fear is that I will have to live on my own and take care of myself.