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Dependent Personality Inventory (DPI): a Scale to Assess Dependent Personality Subtypes Based on DSM-IV-TR Criteria

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DEPENDENT PERSONALITY INVENTORY (DPI): A SCALE TO ASSESS
DEPENDENT PERSONALITY SUBTYPES
BASED ON DSM-IV-TR CRITERIA

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ABSTRACT

This study examined the reliability and validity of a new measure, an inventory designed for the assessment of Dependent Personality traits. The new scale, the Dependent Personality Inventory, uses a dichotomous (True/ False) answer format and produces 8 subscales which correspond with the individual criterion of the disorder as defined by the current Diagnostic and Statistical Manual of Mental Disorders 4th edition (DSM-IV-TR). The scale was administered to a sample of 82 students attending a large mid-western university in the United States. Factor analysis of the DPI using a Principle Components Analysis produced two main factors. Additional analysis showed a differential correlation between these two factors and the Dependent Personality Questionnaire (DPQ; Hyler, 1994) and the Minnesota Multiphasic Personality Inventory-2 Social Introversion Subscales 1-3 (MMPI-2 Si_{1-3}; Ben-Porath, Hostetler, Butcher & Graham, 1989). The DPQ correlated highly with the DPI factor 1($r=-.65$, $p<.00$) and to a lesser degree with factor 2 ($r=-.29$, $p<.02$). All three Si subscales of the MMPI-2 correlated highly with factor 1 ($r=-.43$, $p<.00$; $r=-.32$, $p<.00$; $r=-.50$, $p< .00$) respectively; while only subscales 1 and 3 correlate with factor 2 ($r=-.24$, $p<.05$; $r=-.39$, $p<.00$) respectively. The results support both the reliability and validity of the DPI as a screening measure in a college student sample. Recommendations for additional studies using the DPI are discussed.

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CHAPTER I

INTRODUCTION

Dependent personality disorder is one of eleven personality disorders found in the Diagnostic and Statistical Manual of Mental Disorders- 4th ed. - Text Revised (DSM-IV-TR). While it is thought that dependency is a universal personality trait, "it is the degree by which the trait is encouraged, discouraged, ignored, or punished that may lead dependency to become pathological in expression" (Perry, 2005, p.321). An individual with dependent personality disorder has difficulty managing his/ her own life, making decisions on his/ her own without needing advice or support from others, constantly worries about being left alone, and forms relationships with dominant individuals who they rely on to take care of them.

Current literature indicates that one measure already in existence is the Dependent Personality Questionnaire (DPQ; Tyrer, Morgan & Cicchetti, 2004). This short self-rating scale used as a screening instrument was designed to identify patients who are likely to be at risk of developing benzodiazepine dependence. Underlying the development of the DPQ was the notion that the disorder is uni-dimensional and is either present or absent in an individual. In addition to the DPQ, few measures have been specifically designed to assess the construct of dependent personality. Most of the measures that have been developed are

indirectly related to the construct. One such scale is the Minnesota Multiphasic Personality Inventory-2 Social Introversion Subscales (MMPI-2 $Si_{1, 2, 3}$; Ben-Porath, Hostetler, Butcher & Graham, 1989). This scale is composed of subscales: Shyness/ Self Consciousness (Si 1), Social Avoidance (Si 2), and Self/ Other Alienation (Si 3). Although these scales are more related to the construct of social anxiety, they might be indirectly related to Dependency.

The purpose of this study is to develop a self-report measure, the Dependent Personality Inventory (DPI), to assess dependent personality traits as they are defined by DSM-IV-TR criteria. The focus is to create separate subscales of the dependent personality criterion. The current approach of diagnosis for a personality disorder, and all other mental disorders, according to the DSM-IV-TR is from a categorical perspective of either present or absent. By creating separate subscales based upon the individual criterion, the goal is to determine the latent structure of this construct. A key question is whether the test as a whole, as well as each subscale, will have good internal consistency and if the scale as a whole has good construct validity with the DPQ and the MMPI-2 $Si_{1, 2, 3}$.

CHAPTER II

REVIEW OF RELEVANT LITERATURE

A personality disorder is defined as "an enduring pattern of inner experience and

behavior that deviates markedly from expectations of the individual's norm, usually affecting

the areas of cognition, interpersonal functioning, impulse control, and affectivity" (American

Psychiatric Association, DSM-IV-TR, 2000, p. 629). This occurs when a person's

personality traits are maladaptive and inflexible (Widiger & Costa, 1994; Tredget, 2001).

Personality disorders are pervasive across a broad range of personal and social situations and

appear early, typically by adolescence or early adulthood, persisting through life (Coolidge &

Segal, 1998; Eskedal, 1998).

There are eleven personality disorders that comprise the Axis II group of the DSM-

IV-TR, of which they are broken into three non-empirically based clusters. Cluster A

consists of Paranoid, Schizoid, and Schizotypal personality disorder, which are manifested in

peculiar or eccentric patterns. Cluster B is comprised of Antisocial, Borderline, Histrionic,

and Narcissistic personality disorder, whose behavior is represented by emotional, dramatic,

or erratic patterns. Cluster C includes Avoidant, Dependent, Obsessive-compulsive, and

Personality disorders not otherwise specified (NOS), with behavior manifested in anxious

and fearful patterns (Eskedal, 1998). Dependent Personality Disorder is characterized by "a

pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early adulthood and present in a variety of contexts" (APA, DSM-IV-TR, 2000, p. 629). Of the eight criteria, a person must fulfill at least five for dependent personality to be diagnosed. Dependent personality disorder is characterized by two main sets of traits as emphasized in the DSM-IV-TR: dependency and insecure attachment (Perry, 2005). Of the eight criteria listed in the DSM-IV-TR, one through five present *dependent* behaviors in a variety of contexts, i.e. the inability to make everyday decisions without help or excessive reassurance, volunteering for unpleasant things to obtain nurturance and acceptance, allowing others to make important decisions, lack of initiation, and agreeing with others out of fear of rejection. Criteria six through eight represent *insecure attachment* behavior styles and are seen through a person's feeling uncomfortable or helpless when alone, continual avoidance of being alone, so much so that at the end of one relationship a new one is already in progress, and consistently worrying about having to take care of oneself (Berk & Rhodes, 2005; APA, DSM-IV-TR, 2000).

Similarly, Livesley et al.'s study (1990) [as cited by Gude, Hoffart, Hedley & Ro, 2004], which studied the relationship between dependent traits identified in literature and then refined them using the opinions from samples of psychiatrists, also supported features of dependency, like that of the DSM-IV, resulting in two forms of dysfunction; these were termed *attachment* and *dependency* behaviors. Although in agreement with Livesley et al.'s category break down of dependency, Gude et al. determined that the behavioral categories of dependency should be renamed, based on their conceptual meaning as defined by dependent personality disorder in the DSM-IV (2004). The first five diagnostic criteria were relabeled as *dependent/ incompetent behaviors*; and the remaining items of 6-8 were relabeled

attachment/ abandonment behaviors. In support of Livesley et al.'s results, Gude et al.'s use

of a Principle Component Analysis of the scales formulated by Livesley et al. on the basis of

clinical concepts, determined "that the criteria for DSM-IV Dependent Personality Disorder

form two distinct components" (Gude et al., 2004, p. 609).

Personality disorders are fairly common, with onset seen by adolescence or early

adulthood. Etiology and the underlying structure of dependent personality disorder, like all

personality disorders, is not yet fully understood conceptually (Svrakic, Draganic, Hill,

Bayon, Przybeck & Cloninger, 2002; Brennan & Shaver, 1998), but it has been asserted that

underlying dependency needs are similar for men and women and their overt expression is

mostly a function of gender-role socialization [Bornstein, 1992 (as cited by Berk & Rhodes,

2005)]. However, according to Tredget (2001), personality disorders are slightly more

common in men than women. Most studies report a prevalence of personality disorders in

the general population between 10% and 15%, and approximately 50% in psychiatric

inpatients (Svrakic et al., 2002; Coolidge & Segal, 1998). One study found rates of

personality disorders among depressed patients to range from 23% to 78%, with the Cluster

C disorders being the most prevalent (Rees, Hardy & Barkham, 1997). In addition, in

Chioqueta and Stiles' (2004) study on assessing suicide risk in the cluster C personality

disorders, dependent personality had the highest prevalence rate in the general population.

The Midtown Manhattan Study found a prevalence of dependent personality at 2.5%; its

sample participants consisted of the general population (Perry, 2005). Studies mentioned by

Coolidge and Segal (1998) offer additional support to personality disorders commonality,

stating that its rates actually have been found to increase in a more diversified setting; two in

particular include a state hospital and mixed depressed elderly inpatient and outpatient

sample with rates at 67% and 63% respectively.

Dimensions of Dependency

There are many dimensions or proposed models of dependency, all of which share the

common feature of emphasizing interpersonal behavior (Pincus & Gurtman, 1995).

According to Pincus and Gurtman (1995), "the challenge of dependency is understanding the

distinction between adaptive and maladaptive expressions" (p. 744). Perry (2005) proposed

three dimensions of dependency. The first dimension is labeled *Insecure Attachment*, and is

based on a strong emotional reliance on close attachments to others. According to Perry

(2005), individuals who belong to the Insecure Attachment dimension are prone to separation

anxiety and will remain in relationships even in which they are mistreated just to avoid the

feelings of being alone and helpless. The *Core Dependency* dimension is the second

dimension of dependency created by Perry (2005). This stage is characterized by a lack of

self-confidence in social situations, having difficulty asserting oneself, agreeing with others

despite one's own beliefs, and fearing self-expression. Lastly, the third dimension in Perry's

(2005) dimensions of dependency is *Avoidance of* (vs. desire for) *Autonomy*. Individuals in

this phase are indecisive and have great difficulty initiating or completing activities on their

own; they have a strong desire for others to make decisions for them, thereby turning over

their freedom of choice to others. Similarly, Pincus and Gurtman (1995) work with

dependency and personality trait structure using the Interpersonal Circumplex (ICP; Leary,

1957) and the Five Factor Model (FFM; Digman, 1990) as structural frameworks, resulted in

five faces or dimensions of dependency as well. The faces include *submissive dependency*

(yielding, compliance, and guidance-seeking), *exploitable dependency* (suggestibility), and

love dependency (interpersonal sensitivity and affiliative behavior) (Pincus & Gurtman, 1995, p. 753-4).

Other models addressing the complex components of dependency include Blatt's dependency and self-criticism and most notably Beck's sociotropy and autonomy model. Blatt and Beck's diathesis-stress models of dependency (Nordahl & Stiles, 2000) were proposed as important vulnerability factors in the development of depression. Both Beck and Blatt's models of dependency have two categories, sociotropy and autonomy, and dependency and self-criticism, respectively (Ouimette, Klein, Anderson, Riso & Lizardi, 1994). By examining the relationships between Blatt and Beck's models of dependency, similarities can also be seen among Perry's dimensions of dependency. In Beck's model, a highly sociotropic (dependent) individual has intense needs for close relationships that offer support and affection, often leaving them susceptible to depression, resulting in feeling lonely, weak, and abandoned after the loss of that relationship; and in Blatt's model anaclitic (dependent) depression is characterized by feelings of helplessness and weakness, fear of abandonment and the desire to be cared for. Unlike sociotropic individuals who are dependent on others to define them, highly autonomous individuals have an intense need for self-definition, self-control, and self-worth. When these needs are blocked, persons of this nature find themselves susceptible to depression characterized by guilt, worthlessness, and social withdrawal that indicate their failure. Like Beck's autonomy, Blatt's introjective (self-critical) depression, is characterized by feelings of guilt, inferiority, failure, and worthlessness (Nordahl & Stiles, 2000; Ouimette et al., 1994).

Comorbidity of Axis I Disorders

Research has shown that Axis I disorders have repeatedly been found to have high rates of

co-occurrence with Cluster C personality disorders (Shea, Yen, Pagano, Morey, McGlashan,

Grilo, Sanislow et al., 2004). Noted in both the DSM-III and DSM-III-R was that in patients

with dependent personality disorder "anxiety and depression are common" (APA, 1980, p.

325; APA, 1987, p. 353) [as cited in Ng & Bornstein, 2005, p. 395). In addition, Ng and

Bornstein (2005) mention that the DSM-IV and the DSM-IV-TR also note the linkage of

dependent personality disorder and Axis I disorders, indicating an "'increased risk of Mood

Disorders, Anxiety Disorders, and Adjustment Disorder' in DPD patients" (APA, 1994, p.

67; APA, 2000, p. 723) [as cited in Ng & Bornstein, 2005, p. 395).

Depression is one of the most common Axis I psychiatric disorders to occur with

dependent personality disorder; but whether depression precedes the personality disorder and

fosters its development or the depression is secondary to the personality disorder is still

unclear (Hirschfeld, 1999). Bornstein (1995) reports that most studies have found

frequencies of depression among dependent personality disorder individuals to be in the 10%

to 20% range, with a significant degree of diagnostic overlap appearing between them.

"Depression, in particular, has been reported to negatively distort individuals' reports

of their usual personality, frequently referred to as the state effect, in the direction of

increased neuroticism, dependency, and introversion, in particular" (Shea et al., 2004, p.

500). It is well documented that chronic depression leads to impaired interpersonal

relationships and that difficulties can arise in occupational or other life circumstances. While

these circumstances may cause an individual to meet criteria for dependent personality

disorder, negative coping and interacting styles with other people and changes in a person's

perception of self after an extended depressive episode(s) may cause permanent features of dependency (Hirschfeld, 1999).

Nordahl and Stiles (2000) investigated whether there were specific cognitive personality traits related to each of the personality disorders included in Cluster C. Using Beck's diathesis-stress model of depression, patients were classified into two cognitive-personality dimensions, sociotropic or autonomous. Measurements used by Nordahl and Stiles included Beck's Depression Inventory (BDI; Beck et al., 1979), the Dysfunctional Attitudes Scale (DAS; Weissman & Beck, 1978), and the Sociotropy-Autonomy Scale (SAS; Beck et al., 1983). Results indicated that patients with dependent personality disorder scored significantly higher on the sociotropy scale and the dysfunctional attitudes scale in comparison to the healthy controls group and the patients with Axis I disorders without personality disorders. This was specifically reflected on the sociotropy subscale "concern about disapproval" (Nordahl & Stiles, 2000), which correlates with DSM dependent personality disorder criteria 3, "has difficulty expressing disagreement with others because of fear of loss of support or approval" (DSM-IV-TR, 1994, p. 668). Individuals with dependent personality also scored significantly higher on sociotropy subscales "pleasing others" and "need for attachment/ concern about separation" compared to healthy controls and patients with Axis I disorders without personality disorders (Nordahl & Stiles, 2000). Both sociotropy subscales are also related to DSM dependent personality criteria 5, goes to excessive lengths to obtain nurturance and support from others to the point of volunteering to do things that are unpleasant, and 7, urgently seeks another relationship as a source of care and support when a close relationship ends, respectively (DSM-IV-TR, 1994, p. 668-669). These findings are consistent with earlier studies.

Dependent personality disorder has also shown a strong relationship with Axis I anxiety disorders (Shea et al., 2004). Ng and Bornstein (2005) speculate that dependent persons are highly anxious, and therefore certain forms of anxiety (e.g., fear of abandonment) inevitably plays a key role in shaping dependency-related behavior. Using a meta-analysis to examine the literature on the linkage of dependent personality disorder and anxiety disorder, Shea et al., determined the relationship to be significant, but overstated, rendering only a modest relationship. Ng and Bornstein's study (2005) did yield some practical implications. Patients with dependent personality disorder are inclined to an increased likelihood of certain anxiety disorders, including paranoia disorder, agoraphobia, social phobia, and obsessive-compulsive disorder. As is the case with depression, whether the presence of the dependent traits leads to elevations in anxiety or anxiety disorder symptoms increase symptoms of dependency, is unknown (Ng & Bornstein, 2005).

Treatment Methods

With the third revision of the DSM came two very important advances in the mental health field. First was a shift in the diagnostic paradigm from a psychoanalytic perspective to a behavioral one. Secondly, and more importantly, was the development of the second axis for personality disorders, which formerly fell into various categories of psychosis, including organic and psychogenic, and usually a single category of neurotic types (Coolidge & Segal, 1998). In the DSM-III, a multiaxial approach was created (Coolidge & Segal, 1998; Magnavita, 1998; Jacobson, Perry & Frances, 1995; Shea, Widiger & Klein, 1992; Loranger, Susman, Oldham, & Russakoff, 1987), in which psychiatric disorders were divided into "axes" or domains on which information about several important areas of functioning are

recorded. Thus the DSM is designed from a categorical approach with each disorder comprised of individual diagnostic criteria.

    While the DSM-III brought many strides to the recognition of and research emphasis on personality disorders, difficulty in treatment remained even with revisions of subsequent issues, as features of personality disorders failed to fit within the discrete classifications of the DSMs categorical model (Livesley, 2001). Due to the use of a categorical system of classification, many researchers have found diagnostic overlap among the categories' criteria sets (Livesley, 2001; Ball, 2001; Eskedal, 1998). In addition, clear factors resembling diagnostic constructs have yet to be yielded, and instead critics have found that individuals' differences in personality disorders are best represented by normal and abnormal traits on a dimensional system (Livesley, 2001; Ball, 2001; Eskedal, 1998). Although efforts have been made to identify dimensions of personality disorder, complications have arose due to researchers' attempts to treat the eleven personality disorders "as if they were single dimensions that could be rated in terms of severity" [Dowson & Berrios, 1991; Hyler & Lyons, 1988; Widiger et al., 1987; Zimmerman & Coryell, 1990 (as cited in Widiger & Costa, 1994)], but currently the categories in the DSM are of sets of symptoms and traits at inconsistent levels of complexity and severity. Discussed by Widiger and Costa (1994) are two separate dimensions underlying the dependent personality disorder criteria set: attachment–related behaviors and the need for instrumental help (p. 78). To further support the failure of the current categorical model, recent research indicates that most patients currently do not fall within the DSM categories, but represent multiple personality disorders, or are more commonly diagnosed as Personality Disorder Not Otherwise Specified (PDNOS) (Livesley, 2001).

"Personality disorders differ from more severe disturbances in that they are distorted strategies in living that enable the person to achieve a stable level of functioning incorporating the distortion" (Eskedal, 1998, p. 256). Therefore, Eskedal (1998) states in order to treat a person with personality disorder the therapeutic focus should be on the maladaptive behavior of the patient rather than the affective dimensions of his or her inner life. In this respect, the therapist must be aware that although the client's ability to relate to others is impaired, he or she has been able to find solutions to inner problems using the abnormal behavior patterns that the therapist threatens to take away. This notion, on top of limited motivational change, and in many instances comorbid Axis I psychiatric disorders, makes treating a client with personality disorder extremely complex.

Other difficulties seen in treating individuals with dependent personality disorder include lower attrition rates than other personality disorders and cultural factors that influence what is considered a normal rate of dependency (Perry, 2005). Depending on the culture, men and women express dependency differently, and many times men's dependency traits are overlooked. For treating dependent personality disorder, therapies found useful include individual dynamic psychotherapy, cognitive-behavior therapy, group therapy, day and residential therapies, and family therapy.

As stated by Perry (2005), there are two key aspects to individual psychotherapy. The first is that the emergence of the patient's dependent transference toward the therapist should be addressed immediately and in a way to promote positive emotional growth. Secondly, "the therapist expectations and direct support should be used to promote self-expression, assertiveness, decision making, and independence" (p.323). During the course of therapy, the client will experience increased dependency on his or her therapist, and

simultaneously the therapist will use this dependency to encourage the client to "bear the anxiety of making decisions, accepting pleasurable experiences, and dealing with episodes of anxiety" (Perry, 2005, p. 323).   More importantly, the therapist must avoid taking a directive role in the client's life, resisting the patient's repetitive requests for advice or to make decisions, especially when a client experiences an extreme personal misfortune, for example the loss of a loved one, a job, or financial ruin. These life stressors often cause regression in the patient's defensive functioning and put a strain on the therapeutic alliance. Also symptoms of general anxiety, recurrent panic, or a major depressive episode may ensue as a result. In the final stages of treatment, the therapist must help the patient resolve fears of aloneness and powerlessness, and begin accepting a more self-reliant position in life and relationships. Studies found that significant long-term dynamic changes did not appear before thirty sessions, and that effective treatment generally requires two to four sessions per week over a period of several years (Perry, 2005).

Currently, a comprehensive treatment integration offers a wide variety of techniques to apply in developing self-management and social skills, and ultimately behavioral and personality changes (Eskedal, 1998). The development and application of integrative psychotherapeutic models on personality disorders has already been seen in the modifications of cognitive therapy, interpersonal therapy, and some psychodynamic approaches (Eskedal, 1998; Magnavita, 1998). Severe cases of personality disorder can also be treated with appropriate prescribed medication, if there is a co-occurring axis I disorder. Treating the axis I disorder first can sometimes lead to increased motivation and less resistance to undergoing characterological work (Magnavita, 1998). However, it is of utmost importance when treating a person with a personality disorder to understand that medication is not a

substitution for psychotherapy. Instead clinicians need to have therapeutic flexibility and be able to select the appropriate therapeutic modality for their client's needs (Magnavita, 1998).

Treating a client with a personality disorder should be done when it is clear that the client's characterological features intrude upon their work or daily lives and their abilities to interact with others. The initial stages of therapy are critical to the therapeutic relationship, and as such the therapist needs to respect the "delicate balance of the defensive structure of the client and to recognize the underlying strategy of provoked conflict as a coping style," (Eskedal, 1998, p. 259) if the therapist wishes to gain acceptance. Psychotherapy is an effective approach to use with individuals with dependent personality disorder; it focuses on structure and development of personality. With psychotherapy, the aim is to provide insight into the individual's maladaptive defense mechanisms, thereby allowing them to be addressed and modified, or restructured, enabling the client with new coping strategies. This leads to overall self-esteem and self-control improvement, while promoting individual growth and personal change (Tredget, 2001; Eskedal, 1998).

Tests and Measurements

Since the growing interest in personality disorders following the DSM-IIIs emphasis, there has been an increase in the development of measurements tailored towards diagnosing personality disorders, but research indicates that there is poor agreement between the instruments in diagnosing personality disorder subtypes (Davison, Leese, & Taylor, 2001). Therefore most measures are designed to screen for the presence or absence of a personality disorder.

According to the literature, there are multiple tests more generalized in content that measure dimensional models of personality and the personality disorders. These tests are

designed to measure personality traits, instead of the presence or absence of a personality

disorder. Some of the more widely used instruments include the NEO- Personality Inventory

(NEO-PI), Morey et al.'s Personality Disorder scales from the MMPI (1985), Strack's

Personality Adjective Checklist (1987): Interpersonal Adjective Scales- Revised (IAS-R), the

Million Clinical Multiaxial Inventory- Revised (MCMI-R), the Inventory of Interpersonal

Problems which assesses interpersonal circumplex dimensions, the 50-Bipolar Self-rating

Scale (50-BSRS) which assess FFM dimensions, and the Dimensional Assessment of

Personality Pathology- Basic Questionnaire (DAPP-BQ) (Widiger & Costa, 1994).

More recently developed tests designed to assess for the presence or absence of

personality disorder include the Personality Diagnostic Questionnaire- 4+ and the Personality

Disorder Examination. The Personality Diagnostic Questionnaire- 4+ (PDQ-4+; Hyler &

Rieder, 1994 [as cited in Davison, Leese & Taylor, 2001]) is one of the most widely used

self-report questionnaires for assessing personality disorders. The questionnaire has 99

items, with each corresponding to a DSM-IV-TR criterion that assesses all ten specific

personality disorders, as well as passive-aggressive and depressive personality disorders.

Originally developed in 1988 by Hyler and Rieder, the PDQ was found to have high

sensitivity and low specificity, making it a comparable indicator of the presence or absence

of a personality disorder. When compared with other semi-structured interviews, the PDQ-R

was found to over-diagnose the presence of a personality disorder, but could adequately

predict whether a personality disorder was absent (Davison, Leese, & Taylor, 2001; van

Velzen, Luteijn, Scholing, van Hout, & Emmelkamp, 1999).

Another screening device for the presence or absence of a personality disorder is the

Personality Disorder Examination (PDE; Loranger, Susman, Oldham & Russakoff, 1987 [as

cited by Jacobsberg, Perry & Frances, 1995]). It is a questionnaire administered in a semi-structured interview style, covering all eleven personality disorders. The questions are broken down into six categories: Work, Self, Interpersonal Relations, Affect, Reality Testing, and Impulse Control. Each section begins with two to three open-ended inquiries offering the individual an opportunity to discuss the topic as little or as much as he or she chooses, providing what Loranger et al. states as "a background against which to judge the clinical significance of the replies to follow" (1987, p.4). Each personality disorder is assessed separately by a pool of items on the interview. Items are scored on a likert scale from 0= behavior is absent to 2= behavior is present and clinically significant, and summed for a particular disorder to give a dimensional score and a categorical diagnosis (Jacobsberg, Perry & Frances, 1995).

One test designed specifically to measure the presence or absence of dependent personality disorder is the Dependent Personality Questionnaire (DPQ; Tyrer, Morgan & Cicchetti, 2004). It is an eight item self-rating scale developed as a screening instrument to use in general practice to identify patients likely to have dependent personality disorder. Each item is rated on a four point likert scale, and points for each answer then summed and converted to a percentage that indicates presence or absence of dependent personality. Because this measurement is new, further study is necessary to establish its reliability over time (Tyrer, Morgan & Cicchetti, 2004).

Even with the growing number of psychometric instruments, semistructured interviews are still the preferred method of assessment for personality disorder of a client. This is due because when the researcher controls the assessment, there is less chance of the client's opinions and attributions, characterized by a distorted self-image, biasing the client's

response. By using a semistructured interview, a researcher can also avoid having to ask for examples, which can reduce assessment time and avoid repetitiveness of a questionnaire and an interview to assess whether the trait is present (Widiger & Costa, 1994). In support of semistructured interviews, research studies have found poor agreement between the results of self-rating instruments (questionnaires) and observer ratings (clinical interviews) (Tyrer, 1990). In addition, Duijsens, Ruinsma, Jansen, Eurelings-Bonteloe, and Diekstra, (1996) state that self-report questionnaires result in an overestimation of the number of personality disorders. They cite several studies that compare the effectiveness of the PDQ-4+ as a self-report questionnaire to the PDE and the Structured Clinical Interview for the DSM-III Axis II (SCID-II; Spitzer, Williams, Gibbon & First, 1990) as structured interviews. In both studies, the PDQ-4+ over diagnoses personality disorders. However in the study by Jacobsberg, Perry and Frances (1995) where the PDE and the SCID-II were tested together, more accurate self-report of avoidant and dependent personality disorders were found using the SCID-II in a comparison with the results from the interviewer based PDE. According to Hunt and Andrews (1992) [as cited in Duijsens et al., 1996] while the percentage of personality disorders found with the PDE was 7.5%, the PDQ-4+ found a percentage of 67.5%. The Million Clinical Multiaxial Inventory-II (MCMI-II; Million, Million, Davis & Grossman, 1987) has also been shown to have little agreement with the PDE, concurring on the absence of a disorder and differing regularly on the presence of a positive diagnosis (Duijsens et al., 1996; Soldz, Budman, Demby & Merry, 1993). With such variability of results among self-report measurements and interviews, as well as the concern for false negatives, it is therefore most likely that clinical assessment for personality disorder will be done by a clinician and that psychometric tests may be used to enhance diagnoses.

CHAPTER III

METHOD

Participants

The sample consisted of 82 students from a large Midwestern university. There were 27 men and 55 women who participated in the study. Ages ranged from 18 to 50, with a mean age of 21.59 (SD= 5.38). Such variability in age range is due to the location of the university in an urban area with the majority of its students commuting to campus. The tests were distributed to students at the university during class time with the help of professors. Students were given between fifteen and twenty minutes to complete the tests, and extra credit was awarded to each student who participated. The purpose, potential risks, benefits, and the procedures of the study were described in the consent form (see Appendix 1), which the students read, signed and then removed from the tests to guarantee anonymity. On the tests themselves, students indicated their gender and age where appropriate, but left off any identifying information.

Measures

The participants were given three psychometric tests to evaluate their level of dependency according to the DSM-IV-TR categorical diagnosis of Dependent Personality Disorder. The Dependent Personality Questionnaire (DPQ; Tyrer, Morgan & Cicchetti,

2004)) (see Appendix 3) was used to validate the newly created Dependent Personality

Inventory (DPI) (see Appendix 2), and the Minnesota Multiphasic Personality Inventory- 2

Social Introversion Subscales (MMPI-2 Si_{1-3}: Ben-Porath, Hostetler, Butcher & Graham,

1989) (see Appendix 7, Table 2) were used as a correlation measurement with the DPI.

1. 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 disorder according to the DSM-IV-TR.

   The DPQ was developed as a short self-rating scale to be used as a screening

   instrument to identify patients with the presence or absence of dependent personality

   disorder (Tyrer, Morgan, & Cicchetti, 2004).

2. Minnesota Multiphasic Personality Inventory-2 Social Introversion Subscales

   (MMPI-2 Si_{1-3}): 38 questions comprise three subscales, which are answered in a True/

   False manner. The Si Scale of the MMPI-2 was designed to assess a person's

   tendency to withdraw from social contacts and responsibilities. Individuals who

   score high on Si_1 (Shyness/ Self-Consciousness) demonstrate shyness and

   anxiousness in social situations; they are easily embarrassed and feel uncomfortable

   in new situations; they give up easily and lack self-confidence. A high score on Si_2

   (Social Avoidance) indicates a lack of enjoyment being involved with groups or

   crowds; actively avoiding getting involved with other people; lacking strong

   achievement needs; and often reporting symptoms of depression, anxiety, somatic

   symptoms, and obsessive-compulsive thoughts or behaviors. Lastly, high scores on

   Si_3 (Self/ Other Alienation) indicates persons who have low self-esteem and lack

   interest in activities; they feel unable to effect changes in their life situations, and are

interpersonally very sensitive and feel insecure. The internal consistency, test-retest

reliability, and validity of the subscales compare favorably with that of the other

MMPI-2 scales and subscales, and represent major content dimensions of the Social

Introversion scale on the MMPI-2 (Ben-Porath, 1989, p.130).

3. Dependent Personality Inventory (DPI): is an 81-item questionnaire answered on a

dichotomous scale (True/ False). Questions fall into one of the eight categories,

which represent the eight diagnostic criteria of the DSM-IV-TR for dependent

personality disorder. The questionnaire is designed to determine which dimension of

dependency an individual is elevated on.

Procedure

Questions for the DPI were originally developed by a group of undergraduate

student volunteers at a Midwestern university as part of an in-class assignment.

Fifteen students were broken up into three groups of five and assigned 2 or 3 criteria

of Dependent Personality Disorder according to the DSM-IV-TR. They were

instructed by their professor to create questions suitable for a questionnaire about

Dependent Personality, using the DSM-IV-TR as the basis for their guide; therefore

most questions were face valid. The questions were collected and inserted in a

repeating sequence by taking a question from each criterion subscale one through

eight, to form a questionnaire containing approximately one hundred items. Next a

key was made for the measurement, color coding each criterion and its respective

question. This was done mainly for convenience of analysis purposes. Then, all of

the items written for criteria one were carefully read over and compared with the

DSM criteria they were supposed to represent. Items were re-written, removed, or

created until there were ten structurally sound items that represented the first diagnostic criterion for dependent personality disorder according to the DSM. This procedure was repeated for the remaining criterion sets and related questions in two through eight. Items were removed, re-written, and created so that questions represented the diagnostic criteria for dependent personality disorder. With the exception of criteria three's set, which had eleven items in its scale, all other criteria sets had ten items, giving a total of 81 items on the DPI.

Analysis

To determine if the DPI is a reliable instrument, a reliability analysis was performed on the test as a whole and on each subscale to check for internal consistency. Cronbach's alpha was used to assess the degree of consistency among the variables in the summated scales. If needed, scales were altered accordingly to enhance alpha levels by running a bivariate correlation analysis of all scale items against each created subscale. This allowed for any items of the subscales which correlated highly and matched in item content with another subscale, to be added into the subscale, thereby increasing the internal consistency of the scale. Therefore, one question may appear on more than one subscale if it fulfills each subscale's criterion requirement. Next a factor analysis was performed to determine the number of dimensions of dependent personality disorder the criteria scales measure. They were labeled accordingly and used as a comparison measure with the results of the regression analysis. Lastly a stepwise regression analysis was preformed to determine the nature of the relationship between the MMPI-2 Si subscales and the criteria scales of the DPI; the DPQ was also analyzed with the criteria scales of the DPI. A stepwise analysis begins by entering the variable that significantly correlates the highest with the criterion being measured. By

calculating the regression equation and partialling out any variation in common with the variable already entered, it eliminates any variables for which the regression coefficient is not significant, thereby leaving only the most significantly correlated items. This process allowed for a relationship to be inferred between the criterion scale that significantly correlates the most with each dependent variable, or Si subscale and DPQ scale, and then to be compared with the created dimensions from the DPI of dependent personality disorder.

CHAPTER IV

RESULTS

Nineteen of the eighty-one items on the DPI were written opposite to DSM-IV-TR criteria for Dependent Personality Disorder, therefore the scoring was reversed so that point value would match item content. The Si_1 and Si_2 subscales of the MMPI-2 have questions that need answers to be reversed on input, four and six items respectively, along with questions 1, 2, 5, and 6 on the DPQ.

Table 1.
Composition of the MMPI-2 Social Introversion Subscales on the DPI.

Scale	Alpha level	DPI items:		MMPI-2 items:	
		True	False*	True	False*
Si_1: Shyness/ self-consciousness	.81	83, 84, 85, 86, 89, 90, 92, 93	82, 88, 91, 94, 95	158, 161, 167, 185, 243, 265, 275, 289, 321	49, 262, 280, 342, 360
Si_2: Social avoidance	.81	97, 102	96, 98, 99, 100, 101, 103	337, 367	86, 340, 353, 359, 363, 370
Si_3: Self/ other alienation	.76	104-120	NA	31, 56, 104, 110, 135, 284, 302, 308, 326, 328, 338, 347, 347, 358, 364, 368, 369	NA

*False items are to be reserved on answer input.

Reliability of the DPI was measured for the test as a whole, and for each broken down subsection that comprised all eight DSM criterion. In order to examine the reliability of each criterion measure, the scales had to be created individually. This was done by analyzing only questions that applied to a particular criterion measure (See Appendix 4). These questions

were then saved as a new variable, representing all the items being looked at for that

particular criterion.

With 81 questions, the test overall has good internal consistency (α= .89). To

determine the reliability of each original criterion scale, Cronbach's alpha was analyzed for

each scale's designated items and was labeled accordingly. Each scale had ten items with the

exception of scale three, which had eleven. Individually, scales measuring criteria 2, 3, 5, 6,

and 7 yielded poor to moderate reliability, ranging in alpha levels of .27 to .58; while

criterion scales 1, 4, and 8 yielded fair alpha levels (see Table 2).

Table 2.
Comparison of Cronbach's Alpha for the DPI 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	81	67 15	.89	55	71 11	.90
Crit_1	10	81 1	.77	11	80 2	.82
Crit_2	10	79 3	.42	10	79 3	.71
Crit_3	11	77 5	.29	12	78 4	.65
Crit_4	10	79 3	.71	10	79 3	.81
Crit_5	10	78 4	.57	9	76 6	.64
Crit_6	10	80 2	.27	10	81 1	.75
Crit_7	10	77 5	.58	8	80 2	.75
Crit_8	10	80 2	.61	10	81 1	.77

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

Next, the ten questions pertaining to the first criterion of dependent personality

disorder (has difficulty making every day decisions without excessive advice and

reassurance) were empirically analyzed. Although a good internal consistency was yielded

(α= .89), three test questions were removed; items 1, 33, and 49, according to their estimated

value of alpha (see Table 2). The remaining seven items were computed to create a new

scale, labeled crit_1. Next, a bivariate correlation was run comparing the new scale with all

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

Scale	Original Items Deleted	New Items Added
Crit_1	**1**(α=.77), **33**(α=.79), **49**(α=.76)	**15**(α=.86), **26**(α=.85), **58**(α=.85), **60**(α=.85)
Crit_2	**2**(α=.45), **74**(α=.55)	**9**(α=.67), **28**(α=.64)
Crit_3	**11**(α=.30), **19**(α=.35), **27**(α=.45)	**5**(α=.62), **10**(α=.61), **28**(α=.62), **53**(α=.64)
Crit_4	**4**(α=.73), **68**(α=.78)	**13**(α=.81), **15**(α=.79)
Crit_5	**29**(α=.57), **37**(α=.57), **69**(α=.57)	**9**(α=.61), **10**(α=.62)
Crit_6	**14**(α=.25), **30**(α=.27), **46**(α=.23), **62**(α=.30), **70**(α=.25), **78**(α=.33)	**7**(α=.73), **24**(α=.70), **47**(α=.73), **56**(α=.71), **64**(α=.71), **72**(α=.70)
Crit_7	**15**(α=.57), **23**(α=.53), **55**(α=.54), **63**(α=.52), **79**(α=.52)	**6**(α=.69), **8**(α=.75), **64**(α=.73)
Crit_8	**16**(α=.61), **48**(α=.63), **80**(α=.67)	**6**(α=.76), **7**(α=.76), **38**(α=.76)
*DPI_all	1, 2, 4, 11, 14, 16, 19, 23, 27, 29, 30, 33, 37, 46, 48, 49, 55, 62, 63, 68, 69, 70, 74, 78, 79, 80	

*DPI items to be removed when assessing reliability of the whole scale after criterion scales have been re-itemized.

of the remaining test items of the DPI to find additional questions which correlated highly

and fit the criteria the scale was measuring; therefore some items may overlap among scales.

Items that met these two criteria were added into the scale. DPI items 15, 26, 58, and 60

were found to correlate highly and fit the criteria measurement for subscale one. By adding

these in with the original six items, the new subscale had a 5% increase in reliability, giving

it an alpha of .82 (see Table 2).

For the second criterion (needs others to assume responsibility for most major areas

of life), ten questions were analyzed together resulting in an alpha value of .42. Two

questions, 2 and 74, were removed, and the subscale for the second criteria was created using

the remaining items, labeled crit_2. As with crit_1, a bivariate correlation was run using

crit_2 and the remaining DPI test items to see which questions correlated highly and fit the

scales criteria. Two items were found to fit with the scale; questions 9 and 28 (see Table 3).

The newly created scale for criterion two demonstrates greatly improved internal consistency with an alpha level of .71 (see Table 2).

Criterion number three (has difficulty expressing disagreement with others because of fear of loss of support or approval) had eleven questions yielding a poor alpha level (α= .29). To enhance this subscale, questions 3, 19, and 27 were removed (see Table 3). The remaining seven were computed into a new scale, crit_3, and correlated with the remaining DPI test items. By adding items 5, 10, 28 and 53, the scale's internal consistency increased by 36% (α= .65) (see Table 2).

The fourth dependent personality criterion (has difficulty initiating projects or doing things on own because of lack of self-confidence in abilities) originally had an alpha level of .71. While this is considered good in research, by removing two test items in the subscale, 4 and 68, and replacing them with items 13 and 15 (see Table 3), excellent reliability resulted for the revised scale, labeled crit_4, (α= .81) (see Table 2).

Scale five (goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant) obtained an alpha level of .57 with its original items. By removing questions 29, 37 and 69, and replacing them with DPI scale items 9 and 10 as indicated by the bivariate correlation (see Table 3), the scales reliability rose from fair to good, with an alpha of .64, labeled crit_5 (see Table 2).

The scale for criterion six (feels uncomfortable or helpless when alone because of exaggerated fears of being unable to take care of himself or herself) is comprised of ten questions yielding a low alpha (α= .27). Using item alpha levels, questions 14, 30, 46, 62, 70, and 78, were removed and questions 7, 24, 47, 56, 64, and 72 (see Table 3), were

substituted in as a result of the bivariate correlation, increasing the scale's internal reliability

48% (α= .75), which was labeled crit_6 (see Table 2).

Originally the scale for criterion seven (urgently seeks another relationship as a

source of care and support when a close relationship ends) contained ten items with a fair

alpha of .58. The removal of five items, 15, 23, 55, 63, and 79, allowed for the substitution

of 6, 8, and 64 (see Table 3), as a result of the bivariate correlation. Although the scale only

has eight items, instead of ten, adding these items brought the reliability up to α= .75. This

revised scale was appropriately named crit_7 (see Table 2).

Lastly, there were ten items comprising the scale for criterion eight (is unrealistically

preoccupied with fears of being left to take care of him or herself). To increase the alpha

level from α= .61, items 16, 48, and 80 were removed from the scale and DPI questions 6, 7,

and 38 were added, labeling the scale crit_8 (see Table 3). This allowed an increase in alpha

to α= .77 (see Table 2).

Finally, after the removal of several items from individual scales, 1, 2, 4, 11, 14, 16,

19, 23, 27, 29, 30, 33, 37, 46, 48, 49, 55, 62, 63, 68, 69, 70, 74, 78, 79, 80 (see Table 3); only

55 original items were left, bring the internal consistency of the revised Dependent

Personality Inventory (DPI-R) to .90, making the test highly reliable (see Table 2).

All eight revised criterion scales were factor analyzed, using a principal axis factor

analysis with a varimax rotation. A varimax rotation results in a few numbers having large

loadings on each factor and a large number of small loadings on the factors. This allows for

simplified interpretations because varimax rotation produces for as much separation between

factors as possible. Two dimensions of dependent personality resulted from the factor

analysis of the eight subscales. On factor 1, crit_1, 2, 3, 4 and 5 loaded at .64 or higher, all of

which demonstrate a lack of self-confidence in one's judgment or decision making abilities;

thus factor 1 is labeled, "Rely on Others." The second factor had the remaining three criteria

with loadings starting at .90, from crit_6, 7, and 8. These criteria focus on the need of a

relationship for care, support, and to avoid aloneness; therefore factor 2 is labeled "Need for

Relationships."

Factor 1 and factor 2 measure two separate dependent personality constructs. Support

for this conclusion is devised from the correlation between the DPQ and the MMPI-2 Si

subscales.

Table 4.
Correlation of the DPI factor dimensions with the DPQ and the MMPI-2 Si subscales.

	Dependent Personality Inventory	
Scale	Factor 1: Need for Help	Factor 2: Need for Relationship
DPQ	r= -.65**, p< .00	r= -.29*, p< .02
MMPI-2 Si_1	r= -.43**, p< .01	r= -.24*, p< .05
MMPI-2 Si_2	r= -.32**, p< .00	r= .10, p< .40
MMPI-2 Si_3	r= -.50**, p< .00	r= -.39**, p< .00

** Correlation is significant at the .01 level.
 * Correlation is significant at the .05 level.

Specifically, the DPQ correlates highly with factor 1 (r= -.65, p< .00) and to a lesser degree

with factor 2 (r= -.29, p< .29). Examination of the MMPI-2 Si subscales produces the same

findings. Si_1 correlates significantly with factor 1 (r= -.43, p< .00) and to a lesser degree with

factor 2 (r= -.24, p< .05). However, Si_2 significantly correlates with factor 1 (r= -.32, p<

.01), but does not with factor 2, (r= .10, p< .40). Lastly, Si_3 significantly correlated with

factor 1 (r= -.50, p< .00) and to a lesser extent with factor 2 (r= -.39, p< .00).

Lastly, a regression analysis, using a stepwise entry system, was performed on the

DPI's criteria scales and the subscales of the Social Introversion scale of the MMPI-2 to

measure construct validity of the DPI (see Table 5).

Table 5.
Significant relationships among the criteria scales for the DPI and the MMPI-2 Social Introversion Subscales and the DPQ scales as determined by a multiple regression analysis.

Analysis	Significant Relationship	R	SS Residual	df	F	Sig.
Si_1 v. Crit_1-8	Crit_1	.44	187.75	1	16.65	.000
	Crit_1 and 3	.53	269.12	2	13.16	.000
Si_2 v. Crit_1-8	Crit_1	.36	47.51	1	10.36	.002
Si_3 v. Crit_1-8	Crit_8	.55	260.85	1	29.68	.000
	Crit_8 and 1	.65	363.66	2	24.55	.000
DPQ v. Crit_1-8	Crit_2	.66	422.42	1	52.20	.000
	Crit_2 and 3	.72	495.68	2	28.41	.000
	Crit_2, 3, 4	.75	547.23	3	28.41	.000

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

The first analysis was between Si_1, "Shyness/ self-consciousness," and the eight criteria scales. Criterion 1, has difficulty making every day decisions without an excessive amount of advice and reassurance from others, correlated the highest with Si_1 at R= .44 and was entered into the regression equation first. With the addition of criterion 3, has difficulty expressing disagreement with others because of fear of loss of support or approval, the multiple correlation of the second model rose to R= .53. Both criteria 1 and 3 fall into the first dimension of the two-factor solution for the eight criteria of the DPI; this dimension was labeled "Rely on Others." The results of the regression analysis indicate that a significant correlation was obtained between the Si_1 subscale and criteria 1 and 3 scales, thereby concluding that a relationship exists. In the second analysis, using Si_2, "Social avoidance," only criterion 1 was found to have a significant relationship (R= .36). For Si_3, "Alienation- self and others," criterion 8, is unrealistically reoccupied with fears of being left to take care of himself or herself, correlates the highest (R= .55). In the second model, criterion 1 is added in to raise the strength of the relationship to R= .65. According to the results of the factor solution of the DPI, Si_1 and Si_2 both significantly correlate with the first dimension, "Rely on Others," while Si_3's results indicate significance in both dimensions, "Rely on

Others" and "Need for Relationships." Si_1 and Si_2's relationship to "Rely on Others" is

moderate at best, while Si_3 demonstrates a good relationship with criterion 8 by itself,

without the addition of criterion 1. In all three analyses, $Si_{1,\ 2,\ \text{and}\ 3}$ subscales support a

significant relationship with criteria 1 subscale of the DPI, although moderate in strength

ranging from R= .36 to .65 (see Table 5).

The Dependent Personality Questionnaire was also analyzed with the DPI's criteria

scales. The results of the regression analysis yielded three models (see Table 5). Criterion 2,

needs others to assume responsibility for most major areas of his/her life, correlated the

highest with the DPQ, R= .66. The addition of criterion 3 in model two and criterion 4, has

difficulty initiating projects or doing things on own because of a lack of self-confidence in

judgment or abilities, in model three, the relationship between the DPQ and the DPI are

further strengthened (R= .72; R= .75).

CHAPTER V

DISCUSSION

The purpose of the present study was to introduce and provide information on the psychometric properties of a new instrument for the assessment of Dependent Personality Disorder traits. The Dependent Personality Inventory, DPI, was created according to dependent personality disorder criteria as outlined in the DSM-IV-TR. The intended goal of the questionnaire is to form subcategories of Dependent Personality based on the DSM criteria. This would allow for distinctive constructs of the disorder to be determined.

The focus of the study was achieved as separate subscales were successfully developed according to each DSM criterion. After the removal of items based on Cronbach's alpha and addition of question items which strongly correlated and met each scale criterion, the reliability analyses resulted in a revised questionnaire, the Dependent Personality Inventory- Revised, DPI-R, demonstrating high internal consistency for the full scale, and reasonable to strong reliability for all of the criterion subscales, compared to the original DPI and its' subscales.

Results from the factor analyses allowed one research question to be answered: which particular features are most prevalent in dependent personality disorder. In addition,

construct validity is satisfactory for the DPI-R as our results support the findings of previous studies that suggest two distinct constructs form dependent personality disorder (Livesley et al., 1990; Gude, Hoffart, Hedley & Ro, 2004).

Support for the two factor structure of the DPI-R is seen by the correlation between the DPQ and the MMPI-2 Si subscales. The first factor is labeled "Rely on Others" and includes criterion scales 1, 2, 3, 4, and 5. The second factor includes the remaining criterion scales 6, 7, and 8, and is labeled "Need for Relationships." This is in agreement with the DSM-IV-TR, which emphasizes two sets of traits; criteria 1 through 5 are labeled "Dependency" and criteria 6 though 8 are labeled "Insecure Attachment" (Perry, 2005).

Clinical Implications

Since the development of Axis II in the DSM, structured interviews and diagnostic measurements have been created to assess personality disorders (Davison, Leese, & Taylor, 2001). However, the few measures in existence to diagnose Dependent Personality Disorder, such as the Dependent Personality Questionnaire (DPQ; Hyler & Rieder, 1988) and the Dependent Personality Examination (DPE; Loranger, 1988), are only designed to detect the presence or absence of the disorder. The results from this study, on the other hand, suggest that the DPI-R can identify what dimension(s) of dependency a person has, "Rely on Others" or "Need for Relationships."

In a clinical setting, by knowing which dimension of dependency a person falls into, this can allow for a more focused or guided treatment. In turn, a client's needs may be more readily met because time won't be focused on areas, or criteria of dependent personality, that aren't affecting the client; thus acting as a time saver as well, possibly cutting down the amount of therapy time.

Potential Limitations

In the present study, a potential limitation is the selection of participants. The current mental health status of the nonclinical sample of college students was unknown, as participants were not screened for any preexisting mental health or personality disorders. With limited resources, we used college students in our study as an efficient way to reach a large number of subjects at one time in one setting. In many instances, researchers might see this as a sample of convenience (Butcher, Graham & Ben-Porath, 1995), rather than representative of national standards. Therefore future research need to replicate the study to see whether results were sample specific or if the questionnaire if reliable and can be seen again in a new varied sample. In studies where the DSM criteria for dependent personality disorder were analyzed to determine dimensionality of the disorder, samples from both the general population and the psychiatric population were used (Livesley et al., 1990; Gude et al., 2004). Future study should include a psychiatric population as well as a general population in examining how the questionnaire and its subscales are related to other measures of dependency. While these results demonstrate the DPI-R's strong correlation with the other instruments used to measure Dependent Personality, further research is needed to confirm its validity. One strategy could have participants interviewed and assigned a diagnosis according to the DSM-IV-TR guidelines before the DPI is administered. A group of participants with the highest twenty scores and the average twenty scores would then be re-interviewed by a blind interviewer, who would provide a diagnosis using their clinical judgment and the DSM-IV-TR guidelines. This diagnosis will then be compared to the DPI-R score to determine if the scale is accurate, and thus has good criterion validity. Additionally, an item analysis of the questionnaire might produce a somewhat more complex

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factor structure than was obtained from analyzing the subscales (Poreh, Rawlings, Claridge,

Freeman, Faulkner & Shelton, 2006).

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APPENDICES

Appendix 1

Consent Form

Dear Student:

We are asking you to complete three common personality tests. The purpose of this study is to collect normative data for these scales. It is our hope that the information collected from these tests will enhance our ability to better evaluate subcategories of personality dimensions.

Your responses to the test will be anonymous. Your name will not be collected or appear anywhere on the test and complete privacy will be guaranteed.

Participation is completely voluntary. If you decide to participate, you may stop and withdraw at any time. There is no consequence for not participating. 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 Nicole Huber at (216) 227-1396, cozers@hotmail.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 sign and one to keep for your records. After signing one copy, tear it from your test packet and turn in separately from questionnaires in order to guarantee anonymity. 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)

Date: _____

Appendix 2

Dependent Personality Inventory
(DPI)

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
1. I find myself asking for advice on everything.		
2. I feel uncomfortable handling my finances.		
3. I don't care what people think of me.		
4. When I start work on my own idea, I get easily discouraged.		
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.		
11. I do not have a problem disagreeing with my parents.		
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.		
14. When a family member dies, even if they are old, I go into a deep depression and cannot function for a long time.		
15. I consider myself to be a highly confident person.		
16. I enjoy spending time alone.		
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.		
19. I would pursue a career even if I didn't want to just to please my parents.		
20. I have difficulty completing projects on my own because I		

	TRUE	FALSE

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.

23. When presented with a new relationship opportunity, I am usually motivated to jump into it.

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.

27. I would stick up for my friend if he/she was in an argument.

28. I am not considered a confident person.

29. I will only do things my significant other approves of.

30. When I was young I feared losing my parents to point that I wasn't able to leave home without them.

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.

33. Before making important decisions I often consult with my parents, friends, or significant other.

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.

37. I need constant assurance in order to complete everyday tasks.

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.

	TRUE	FALSE

46. I have stayed in relationships I know I shouldn't be in, just so I wouldn't have to be alone.

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

48. I enjoy going to the grocery store alone.

49. I feel uncomfortable when others ask me for advice.

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.

55. I am confident in my ability to handle new situations.

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.

62. I double-book plans with friends to ensure that I won't spend the day alone.

63. If given the opportunity to work alone or in a group, I would choose to work alone.

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.

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

67. I would participate in a debate.

68. I prefer to work in groups.

69. If necessary, I would break the law to fit in with my friends.

70. I am highly critical and unsure of my abilities.

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

	TRUE	FALSE

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.

74. If I think over a problem long enough, I can eventually work it out on my own without getting advice from others.

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.

78. I would enjoy a job where I worked alone, so that I could make all of the decisions without another person's input.

79. I am very guarded when forming new relationships, especially after a close relationship has ended.

80. I like to take care of others.

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.

97. At parties I am more likely to sit by myself or with just one other

	TRUE	FALSE

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 3

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 4

Original DPI criterion scales with items arranged according to DSM-IV criteria of Dependent Personality Disorder.
 *Item numbers to be reversed on answer input.

Criteria 1) Difficulty making everyday decisions.
 1. I find myself asking for advice on everything.
 9. I feel uneasy about my decisions and need the approval of others to feel more comfortable about them.
 *17. I typically feel comfortable about the decisions I make.
 *25. I find it easy to make decisions on my own.
 33. Before making important decisions I often consult with my parents, friends, or significant other.
 41. I always feel upset if people disapprove of my decision.
 49. I feel uncomfortable when others ask me for advice.
 *57. I like to be put in a leadership position.
 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.
 2. I feel uncomfortable handling my finances.
 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.
 34. I need support of my friends and family when making important decisions in my life.
 42. Army life would agree with me; I prefer to have others tell me what to do.
 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.
 *66. My friends often ask me for advice on how to precede in difficult life situations.
 74. If I think over a problem long enough, I can eventually work it out on my own without getting advice from others.

Criteria 3) Has difficulty expressing disagreement with others because of fear of loss or support from others.
 *3. I don't care what people think of me.
 *11. I do not have a problem disagreeing with my parents.
 19. I would pursue a career even if I didn't want to just to please my parents.
 27. I would stick up for my friend if he/she was in an argument.
 35. I avoid confrontations at all costs.
 43. I would not wear a certain type of clothing that my friends do not approve of.
 51. I have trouble expressing my opinions.
 59. I would change my opinion to agree with my friends.
 *67. I would participate in a debate.

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.

4. When I start work on my own idea I get easily discouraged.

12. When I start a project I have trouble finishing it without needing advice from others.

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.

52. I am often disappointed with myself.

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

68. I prefer to work in groups.

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.

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.

29. I will only do things my significant other approves of.

37. I need constant assurance in order to complete everyday tasks.

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.

69. If necessary, I would break the law to fit in with my friends.

77. 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.

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

14. When a family member dies, even if they are old, I go into a deep depression and cannot function for a long time.

22. I feel very anxious when my significant other goes on a long trip without me.

30. When I was young I feared losing my parents to the point that I wasn't able to leave home without them.

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

46. I have stayed in relationships I know I shouldn't be in, just so I wouldn't have to be alone.

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

62. I double-book plans with friends to ensure that I won't spend the day alone.

70. I am highly critical and unsure of my abilities.
*78. I would enjoy a job where I worked alone, so that I could make all of the decisions without another person's input.

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

7. I never end a relationship without being involved with another person to care for me.
*15. I consider myself to be a highly confident person.
23. When presented with a new relationship opportunity, I am usually motivated to jump into it.
*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.
*55. I am confident in my ability to handle new situations.
*63. If given the opportunity to work alone or in a group, I would choose to work alone.
*71. I prefer to take some time for myself after a relationship ends, rather than rushing into a new one.
*79. I am very guarded when forming new relationships, especially after a close relationship has ended.

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

8. When I am sick I need someone to take care of me.
*16. I enjoy spending time alone.
24. I constantly worry that I will end up along and have to take care of myself.
32. I fear I will not be able to take care of myself when my significant other dies.
40. I would rather live with someone else than by myself.
*48. I enjoy going to the grocery store alone.
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.
*80. I like to take care of others.

Appendix 5

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.

97. At parties I am more likely to sit by myself or with just one other

	TRUE	FALSE

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 6

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 feel uneasy about my decisions and need the approval of others to feel more comfortable about them.
　　　*15. 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.
　　　*57. I like to be put in a leadership position.
　　　*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.
　　　42. Army life would agree with me; I prefer to have others tell me what to do.
　　　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.
　　　*66. 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.
　　　*3. I don't care what people think of me.
　　　5. I will do anything to make my significant other happy.
　　　10. I am easily persuaded or influenced by others.
　　　28. I am not considered a confident person.
　　　35. I avoid confrontations at all costs.
　　　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.

*67. I would participate in a debate.

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.

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.

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.

52. I am often disappointed with myself.

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.

77. 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.

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.

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 along and have to take care of myself.

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

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 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.
*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.
32. I fear I will not be able to take care of myself when my significant other dies.
38. I am unable to take care of myself without help from others.
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.

Appendix 7

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 adulthood 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 a 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 others, to the point of volunteering to do things that are unpleasant

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

8. is unrealistically preoccupied with fears of being left to take care of himself or herself