Dependent Personality Disorder: Causes, Symptoms, Treatment

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Dependent Personality Disorder is one of the lesser-known personality disorders in the *Diagnostic and statistical manual of mental disorders (*4th ed., text rev.*; DSM-IV-TR;* American Psychiatric Association, 2000). The general definition of personality disorders states they refer to people having personality traits that are inflexible and maladaptive. For behavior to be classed as a personality disorder there must be significant functional impairment or subjective distress. A Dependent Personality Disorder (DPD) exists when a person's behavior is clinging and submissive showing an excessive need to be taken-care of. In determining excessive need, the developmental and functional level of the individual must be considered. An adolescent can reasonably be expected to be more dependent on parents or other caregivers than a fully-grown adult. Individuals suffering from DPD are unable to make ordinary daily decisions such as what to wear. They are passive, seeking someone to take responsibility for most areas of their lives. Adolescents allow a parent to decide what school to go to, whom to have as friends, and what career to pursue. Normal behavior indicates that these are questions where it is not unreasonable to solicit advice. The question is, what truly denotes reasonable dependence. The key factor in DPD is that the individual totally gives the decision-making responsibility to the third party. Extreme levels of anxiety are found whenever autonomous behavior is needed.

Other criteria for DPD noted in the DSM-IV-TR (2000) include fear of expressing disagreement because of possible loss of support. Here it is important to note that this criterion should not be used in cases where fear of retribution is reasonable. The individual may also feel helpless when alone feeling unable to care for themselves. The individual suffering from DPD may be unwilling to take on new projects because of exaggerated fears of inadequacy rather than from lack of motivation. A person suffering from DPD will often feel helpless when alone. Fears of taking care of oneself are unrealistic.

As is typical in any diagnosis, multiple criteria must be present. To diagnose DPD at least five criteria are required. In determining the existence of DPD, it is important that no Personality Change due to a General Medical Condition is involved. It should also be noted that symptoms might develop as the result of substance abuse.

Ronald J. Comer in *Abnormal Psychology Seventh Edition* (2010) discusses ways in which borderline, avoidant, and histrionic personality disorders have similar characteristics to DPD. It is important to distinguish the differences. Individuals suffering from borderline personality disorder have an unrealistic fear of abandonment as do people suffering from DPD. The difference is that those with borderline personality disorder react to abandonment with feelings of emptiness, anger, and rage while those suffering from DPD react with appeasement and submissiveness. Avoidant personality disorder is characterized by feelings of inadequacy and a need for reassurance. Those with this condition react by withdrawing so that they will be accepted. In DPD the individual actively seeks and maintains connection to those on whom they are dependent. Last, in histrionic personality disorder a strong need for approval is found. Behaviors may include acting childlike and clinging. Unlike DPD the resulting behavior patterns involve active demands for attention. This is not found in DPD.

Comer (2010) also notes that in DPD dependence is focused solely on one person, a parent, spouse, or some other person with whom the individual has a close personal relationship. He also asserts that obedience to the other's wishes is common. The best estimate seems to be that about 2% of the population suffers from this condition. It is equally common in men and women. There have been few studies of this disorder. Michelle Schoenleber and Howard Berenbaum studied the relationship of shame to several personality disorders in *Shame Aversion and Shame-Proneness in Cluster C Personality Disorders* (2010). Their study included avoidant

personality disorder and obsessive-compulsive personality disorder as well as DPD. The study used a sample of 287 undergraduate students. Of the tested population 18 students exhibited significant symptomatology for at least one of the three disorders studied. There was a strong correlation between shame and all three personality disorders indicating a possible relationship.

There are numerous theories to explain the origins of DPD. They share the common theme that an overbearing, dominating parent is often present (Comer, 2010). Alice Miller in The *Drama of the Gifted Child* (1997) notes that she has observed numerous examples of DPD in children where one parent exhibits a narcissistic personality disorder. This is a question that warrants research.

In cases where the individual becomes detached from the person on whom they are dependent, they immediately seek a replacement (Comer, 2010). Essentially they are incapable of functioning independently. In the DSM-IV-TR (2000), it is also noted is that DPD is often preceded by a separation anxiety disorder.

Comer (2010) and the DSM-IV-TR (2000) both make major note that a key factor in most personality disorders is the inability of the affected individual to see a problem. In DPD a husband is unable to decide what to wear without a phone call to his mother. The wife knows this is a problem. The husband is oblivious to it. Individuals suffering from DPD may be unable to function effectively in the workplace as they are unable to think independently and make decisions needed in that environment. Job performance suffers. Employers become exasperated. Others are far more aware of the disorder. The individual remains unaware even when the result leads to divorce and job loss.

The first goal of treatment is to get the individual to see that a problem exists. Often the individual suffering from a personality disorder seeks treatment for a disorder of a different

nature. In the case of DPD, the individual may seek help for some form of anxiety disorder or, more commonly, a depressive disorder (Comer, 2000). When depression is associated with the DPD, antidepressants are often effective. Otherwise psychopharmacology has not been found useful.

As related by Comer (2000), treatment of individuals with DPD is difficult. The first thing that typically occurs is that the individual places full responsibility for the result on the clinician. The fundamental treatment goal is to get the individual to take responsibility for their actions and to be comfortable acting autonomously. Several treatment models have been shown at least moderately beneficial.

Psychodynamic therapies using techniques similar to those used with depression have had some effect. This includes transference of the dependency needs onto the therapist. A combination of cognitive and behavioral techniques has proven useful. The cognitive treatment is designed to challenge the individual's assumptions about incompetence and helplessness. At the same time the behavioral portion of treatment is designed to teach the individual to better express their wishes in relationships. Assertiveness training is generally used for the latter.

Comer (2010) also discusses the use of group therapy with DPD. This has proved useful, but the most effective treatment seems to occur when concurrent treatment is given the dominant party in the relationship. This treatment may be in the form of joint sessions with the client suffering form DPD or individual treatment. For concurrent treatment to be effective, the dominant party must accept the need. Often this is not a simple task. The dominant party may be intractable. A lack of awareness in the dominant party will impede hope successful treatment of the individual suffering from DPD.

While DPD is only found in about 2% of the population, it should be noted that this only reflects individuals where the condition is formally diagnosed. It excludes those whose symptoms do not fully meet the specified criteria. Any individual who, in the process of development, fails to achieve a personal identity and psychological autonomy may have symptoms of dependent personality disorder. This is not uncommon. Modern communications between parents and adolescents may inhibit normal psychological development in late adolescence. A recent article in the New York Times, *Students, Welcome to College; Parents Go Home* (Gabriel, 2010), discusses the difficulties colleges are having persuading parents to allow entering students to develop their lives as students. Several universities have banned parents from campus. At a certain time on the day students arrive, parents are asked to leave. Administrators note that this helps the incoming students adapt to their new environment. They also note that some students have difficulty functioning without multiple daily cell-phone calls and text messages with their parents. This can interfere with a student's ability to function optimally in the college environment. It may be presumed students so closely tethered to parents in late adolescence have grown used to it from earlier years. This leads to the question of the role of modern technology has in fostering or hindering adolescent development. Technologies that are part of this process include Internet communications through email and social web sites as well as communication with cell-phones. Research in this area is urgently needed.

The developmental model articulated by Erick Erickson in *Childhood and Society* (1950) asserts that the development of a personal identity is the crucial need during adolescence. If this does not happen, the basic developmental need of early adulthood, achieving intimacy in human relationships, will not occur. In sum, regardless of cause, DPD prevents an individual from attaining psychological adulthood. While we may hear far more about disorders involving

anxiety and depression, characteristics of DPD, whether or not serious enough for formal diagnosis, are capable of seriously affecting human development in a crippling fashion.

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