

# Dependent Personality Disorder: A review Based on Mental Health Literacy Perspective

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**Abstract:** The current study focuses on Dependent Personality Disorder in the context of Mental Health Literacy. Mental Health Literacy involves being able to identify particular disorders, knowing how to seek mental health information, understanding risk factors and causes, self-treatment, and professional support. A dependent personality disorder is defined as a pattern of submissive and clinging behavior related to an excessive need to be taken care of. The study explores the concept, and component of Mental Health Literacy. As well as explore the concept of classification & criteria, epidemiology, etiology including genetic, psychoanalytic, cognitive, and behavioral, and about various treatment techniques. The study concluded with the importance of gaining knowledge about Dependent Personality Disorder and Mental Health Literacy and the implication and limitation of this study.

**Keywords:** Dependency, dependent personality disorder, mental health literacy, mental health, personality.

## 1. Introduction

*A. Dependent Personality Disorder: A review based on Mental Health Literacy perspective*

### 1) Dependent Personality Disorder

Dependency somewhat is expected all through presence; humans are social animals who depend on others for endurance across different phases of the lifespan. However, dependency in its more outrageous structures is classified as a mental disorder within our present diagnostic system. Although Dependent Personality Disorder has been present for an enormous time as a clinical concept, there has no longer been plenty empirical work in this location till noticeably currently. The Dependent Personality Disorder is described in DSM-5TM as “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” (DSM-5TM, P.675). The person with Dependent Personality Disorder subjugates their own needs to others, forces others to take responsibility for key areas of their lives, lacks self-confidence, and may experience severe discomfort if left alone for a short period.

### 2) Mental Health Literacy

The term “Mental Health Literacy” was introduced by Jorm et al (1997a) and defined as “knowledge and beliefs about mental disorders which aid their recognition, management or

prevention”. Mental Health Literacy has many components:

- It can identify exact disorders and several types of psychological distress.
- It can give information and idea about risk factors and etiology.
- Give information about self-help intervention.
- Give knowledge about the availability of professional help.
- An attitude that simplifies recognition and proper help-seeking.
- Knowledge about seeking information related to mental health.

Mental disorders often occur for the first time in adolescents or young adults. If these are identified and treated early, it can increase the likelihood of a good long-term outcome. However, in practice, expert assistance is regularly now no longer sought in any respect or most effective widespread a delay. Early popularity and suitable help looking for will most effectively arise if younger humans and their “supporters” recognize approximately the early adjustment produced through mental health disorders, the pleasant varieties of help available, and the way to access this help. Information of this type had been termed as Mental Health Literacy (Jorm AF, Korten AE, Jacomb PA, et al).

The purpose of this study is to explore the concept, classification, criteria, epidemiology, etiology, and treatment of Dependent Personality Disorder, and to enhance knowledge about this disorder.

## 2. Literature Review

### 1) Classification and Diagnostic criteria

Mainly two classification systems were followed by professional, the International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM). In ICD-10 Dependent Personality disorder was classified under specific personality disorders (F60). According to ICD-10, the Dependent Personality Disorder is characterized by:

- a) Encouraging or allowing others to make most of one’s important life decisions;
- b) Subordination of one’s own needs to those of others

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- on whom one is dependent, and undue compliance with their wishes;
- c) Unwillingness to make even reasonable demands on the people one depends on;
  - d) Feeling uncomfortable or helpless when alone, because of exaggerated fears of inability to care for oneself;
  - e) Preoccupation with fears of being abandoned by a person with whom one has a close relationship, and of being left to care for oneself;
  - f) Limited capacity to make everyday decisions without an excessive amount of advice and reassurance from others.

Associated features may include perceiving oneself as helpless, incompetent, and lacking stamina. (ICD-10, p.161).

Dependent Personality Disorder was first included in DSM 1st edition as a subtype to the passive-aggressive personality disorder. And "characterized by helplessness, indecisiveness, and a tendency to cling to others as a dependent child to a supporting parent" (APA, 1952, p. 37). The DSM 2nd edition does not include it (APA, 1968; Hirschfeld, Shea, & Weise, 1991). Dependent Personality Disorder again appeared in DSM-III and was characterized by an inability to function independently, a willingness to subordinate one's needs to those of others, a lack of self-confidence (APA, 1980). Criteria of Dependent Personality Disorder were more specific, prominent, and more or less the same in DSM-III-R. Criteria for Dependent Personality Disorder were more or less the same in DSM-III-R (APA, 1987), DSM-IV (APA, 1994), and DSM-IV-TR (APA, 2000). In DSM-III-R out of nine criteria five criteria were must for diagnosis of Dependent Personality Disorder. In DSM-IV and DSM-IV-TR versions mention eight criteria that are very similar to DSM-III-R. The criteria in DSM-IV-TR were " 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 context, as indicated by five (or more) of the following:

1. Has difficulty making everyday decision 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 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." (APA, 1994, pp.

668- 669).

In the current DSM (DSM-5) Dependent Personality Disorder was classified under cluster c personality disorder but the criteria were exact as DSM-IV-TR.

### 3. Epidemiology

According to National Epidemiologic Survey on Alcohol and Related Conditions (data from 2001-2002) estimated prevalence rate of Dependent Personality Disorder was 0.49% (DSM-5). 14% of people who have suffered personality disorder are diagnosed with Dependent Personality Disorder and 2.5% diagnose in the general population (Seligman & Reichenberg, 2007; Sperry 2003). Others have shown a median of 20% ranging from 2% to 55% (Fossati, et al., 2006). Another study showed 5 to 30% of the patient (Hirschfeld et al., 1991) and 2 to 4% of the general population (Maier et al., 1992; Nestadt et al., 1990; Zimmerman & Coryell, 1989) diagnose with Dependent Personality Disorder.

#### 1) Etiology

Genetic factors. A longitudinal study by O'Neill and Kendler (1998), was conducted on 2230 twins and an interpersonal dependency subscale of the IDI had been administered (Hirschfeld et al., 1977). The result shows a moderate genetic influence. A study shows Dependent Personality Disorder may include maladaptive variations of personality traits in the broader domains of neuroticism and agreeableness (Mongrain, 1993; Widiger et al., 1995; Zuroff, 1994). Dependency is closely associated with agreeableness, the facets of agreeableness which is involved in dependency are excessive trust (gullibility), altruism (self-sacrificing), compliance (submissiveness), modesty (self-effacing), and tender-mindedness (Widiger et al., 1995). These traits appear to be inherited (Nigg & Goldsmith, 1992).

Psychoanalytical factors. According to the psychoanalytical approach, fixation at the oral stage leads to dependent on others for support. Frustration and over gratification during the oral stage result high level of dependency (Bornstein, 1996). Cognitive factors. Cognitive theorists describe two maladaptive attitudes as a cause of the disorder (1) "I am inadequate and helpless to deal with the world", and (2) "I must find a person to provide protection so I can cope" (Beck et al., 2004, 2001). Dichotomous thinking is also a major cause: "If I am to be dependent, I must be completely helpless," or "If I am to be independent, I must be alone." Such thinking processes create difficulties for sufferers and prevent them from making efforts to be autonomous.

Behavioral factors. Behavior theorists explain reasons for Dependent Personality Disorder are that parents unknowingly rewarded "clinging" and "loyal" behavior of their child as well as punished independence acts probably through the withdrawal of love. Also, parents' dependent behavior worked as a model for their children (Bronstein, 2007).

#### 2) Treatment

While working with people who have Dependent Personality Disorder, there are a few factors to take into account during the treatment planning and intervention phases. First, these clients are depending on others, and their therapist may be seen as yet

another person on whom they can rely (Seligman & Reichenberg, 2007). It's also necessary to show a lot of support and acceptance to build rapport. To give sessions a focus, it may be good to start with a directive and structural approach. Dependent Personality Disorder can be treated using a variety of methods.

**Psychodynamic therapy.** Long-term psychodynamic therapy results from greater transference which can be used to develop emotional growth but this can take more than three years (Sperry, 2003). Psychodynamic therapy has the possibility of countertransference toward the client, often neglect because of the dependency the client has on the counselor (Eskedal & Demetri, 2006).

**Cognitive therapy.** Cognitive Behavioral Therapy (CBT) combines behavioral and cognitive techniques to assist clients in regaining control of their life. On the behavioral side, therapists frequently offer assertiveness training to help people better express themselves in relationships (Farmer & Nelson-Gray, 2005). On the cognitive side, therapists work with clients to challenge and improve their beliefs about their incompetence and helplessness (Beck et al., 2004; Freeman, 2002).

**Pharmacotherapy:** Pharmacotherapy has been mainly used to treat particular symptoms of Dependent Personality Disorder, such as anxiety and depression, which are commonly oriented traits. Imipramine may be beneficial to people who suffer from panic attacks or have a high level of separation anxiety.

#### 4. Conclusion

If public mental health literacy does not progress, public acceptance of evidence-based mental health care may be hampered. Furthermore, many people with a common mental disorder could be refused effective self-help and might not even receive adequate community support. Individuals who choose or possibly modify situations that accommodate their vulnerabilities and respect their strengths may experience far fewer negative repercussions from the dependent personality disorder symptomatology's maladaptive character. In the context of mental health literacy, there is a lack of research on

dependent personality disorder, it is important to gain knowledge about its criteria, etiology, and treatment so people can be aware and take proper help from the mental health practitioner.

#### 5. Implication

This study can help students of the mental health field as well as general people to understand more about Dependent Personality Disorder.

#### 6. Limitation

This study has some limitations. The current research is based on a small amount of literature review; it would be more satisfying if this review was based on more literature reviews.

#### References

- [1] Adams, H. E., & Sutker, P. B. (2013). Comprehensive handbook of psychopathology. Springer Science & Business Media.
- [2] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (DSM-5®). American Psychiatric Pub.
- [3] Chen, Y. (2005). Rethinking Dependent Personality Disorder: Reconstructing the Meaning Of Dependence From Cultural Context Alliant International University.
- [4] Comer, R. J. (2010). Fundamentals of abnormal psychology. Worth Publishers.
- [5] Disney, K. L. (2013). Dependent personality disorder: A critical review. *Clinical Psychology Review*, vol. 33, no. 8, pp. 1184-1196.
- [6] Faith, C. (2009). Dependent Personality Disorder: A Review of Etiology and Treatment. *Graduate Journal of Counseling Psychology*, vol. 1, no. 2.
- [7] Jorm, A. F. (2000). Mental health literacy. *British Journal of Psychiatry*, vol. 177, no. 5, pp. 396-401.
- [8] Kelly, C. M., Jorm, A. F., & Wright, A. (2007). Improving mental health literacy as a strategy to facilitate early intervention for mental disorders. *Medical Journal of Australia*, 187(S7).
- [9] Reich, J. (1996). The morbidity of DSM-III-R dependent personality disorder. *The Journal of nervous and mental disease*, vol. 184, no. 1, pp. 22-6.
- [10] Sadock, B. J., Sadock, V. A., & Ruiz, P. (2014). Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/Clinical psychiatry. Lippincott Williams & Wilkins.
- [11] WHO, & World Health Organization. (1993). The ICD-10 classification of mental and behavioural disorders: Diagnostic criteria for research. World Health Organization.