# How Does Dependent Personality Disorder Form, Develop and Affect Human Life?

Wei Liang[1,*]

[1] ULink College Guangzhou, 511458, Guangzhou, China,
[*]Corresponding author. Email: weiliang2377@ulinkcollege.com

**ABSTRACT**

This article is an overview of dependent personality disorder from its etiology, impacts, treatments, and recommendations for future research directions. Dependent personality disorder (DPD) is a personality disorder characterized by pervasive psychological dependence on others. At the beginning of the article, there is an introduction about the dependent personality disorder and helps reader have an foundational understanding with the DPD In the discussion section, this article puts forward the focus on future research directions , the limitations of the criteria and some issues that need to be paid attention to in the current treatment. In the eitiology section, this study mentions the possible causes of dependent personality disorder from biological, environmentall, and social perspectives. And in the part of the impacts of the depedent of the disorder, this article analyzes and expounds from two aspects of individual and society. Also, a series of different diagnosis have been included such as DSM-5, ICD-10, SWAP-200, and PDM. Then this study elaborates the comorbidity with the dependent personality disorder and a number of the treatments for specific situation. Treatment of DPD is a difficult but realistic problem. This study stated the treatments from various perspectives such as the psychotherapy, cognitive-behavioral therapy and meditation etc. This study have an substantial significance which is that to help scholars have a deeper ubderstanding of DPD.

***Keywords:*** *Dependent Personality Disorder, Diagnosis, Treatment, DSM-5*

## 1. INTRODUCTION

According to Diagnostic and Statistical Manual of Mental Disorders-5th (DSM-5) [1], Dependent Personality Disorder (DPD) is a pervasive pattern of mental behavior in which a need for care is so great that it produces submissive or attached behavior and a fear of separation. There is an excessive desire for intimacy and belonging, but this desire is forced, blind, and irrational, and has nothing to do with true feelings. The main features include lack of opinion, attachment to others, low ability to participate in decision-making and accompanied by a certain degree of barriers to choice [2].

People with DPD especially need the care and care of others, often obey others, and are very afraid of separation from others. In terms of their views on themselves, these people often think that they are helpless, vulnerable, inferior, uncompetitive and defensive [3]. A person with DPD would abandon his own opinions and the outlook on life. If he can find a backing, he will be satisfied with the cares and supports from others. Furthermore, this dependent personality leads into idleness, fragile, lack of autonomy and creativity. Due to the perplexities, patients with dependent personality disorder probably have commodity with the depressive disorders and anxiety disorder and it may prevent him from doing something for himself or having any personal hobbies.

Briefly, the foundational focus of this article is a comprehensive review of the etiology, impacts, treatments and recommendations of dependent personality disorder.

## 2. METHODOLOGY

A comprehensive literature search was conducted using the academic database Google Scholar and CNKI. The keywords were following: dependent personality disorder, personality disorder, psychopath, and comorbidity. Studies were selected in accordance with the following inclusion criteria: the language was limited to English and Chinese; the variable of dependent personality disorder should be considered the main study topic; and the articles must be peer-reviewed.

## 3. ETIOLOGY

The formation of dependent personality disorder is mainly divided into three parts, the biological influences, environmental factors and social factors.

### *3.1. Biological Influences*

One of the factors is the biological factors. People have observed that the timid, melancholy and other temperamental characteristics that some babies show at birth have helped them win more care and love from their parents [3]. At the same time, genetic quality also determines the personality tendency of individual development and provides the possibility for the formation and development of personality [2].

### *3.2. Environmental Factors*

There are three stages which all associated with the dysfunctional family [3]. In the sensory attachment stage which is from birth to 18 months, if the child is only cared and loved by one person (usually the mother) and lacks the care and love of others (such as father, grandfather, grandmother, other relatives or nanny), the child tends to form a single attachment to the person who takes care of him and to exclude others, that is what we usually call "cowardice, recognition of life". In the sensorimotor-autonomous phase which is from 1 year old to 4/6 years old, in the previous stage, only the children of the mother were attached, and at this stage they will continue to attach themselves to the mother habitually. Single attachment can further shape and consolidate the child's dependent behavior. In addition, due to the rapid development of speech, sports, and mental movements, children at this stage have the physical conditions to develop independent life skills and psychologically autonomous requirements. Therefore, according to normal development, children will gradually show more autonomy at this stage. However, improper parenting methods of parents can hinder this normal development process, such as overprotection. In the initiative phase, if parents continue to overprotect their children, it will have a catastrophic impact on the child's self-image: the overprotection of parents will make the child feel incompetent and form a self-image of relying on the parents and thus unable to develop their own ability to take care of themselves. All of these will reinforce the characteristics of "dependence, incompetence and weakness".

### *3.3. Social Factors*

Social factors also act as an important role. Studies have shown that women are diagnosed with DPD more frequently than men according to DSM-5. Therefore, it is inferred that dependent personality disorder originates from the inherent dependence tendency of women [3]. Cross-cultural research has found that women's dependence is endowed by culture rather than inherent in gender; further research has also found that if a person accepts the dependent social role given to him by society, he will have dependent behaviors and even may develop into a dependent personality disorder. The specific social and cultural environment is extremely important to the development of personality [2]. The behavior and personality characteristics of an individual at different stages of growth and development are the products of the interaction between their physiological and psychological characteristics and the social and cultural environment.

## 4. INDIVIDUAL AND SOCIAL IMPACT

### *4.1. Behavioral Impacts*

One of the behavioral impacts of the DPD patients would be the avoidance of the activities promoting develop [3]. The excessive protection of parents makes children lose many opportunities to develop their abilities, and makes children lag behind others in ability. When these children realize that they are behind, the usual response is to feel incompetent and fear of failure. This kind of fear engraved in the heart makes children avoid challenging situations. Avoidance further hinders the child's ability development.

### *4.2. Social Functioning*

Moreover, according to DSM-5 [1], dependent personality disorder usually has a significant impact on most functional areas. It is difficult for patients to play a role in professional, academic, and interpersonal environments. Not only they may not be able to find a job, but also even be unable to continue their studies because they have lost the ability to be independent and self-reliant. In addition, patients have a high tolerance for bad conditions, such as verbal abuse or beating. Therefore, there is a high chance of establishing a very unhealthy relationship with others. Because they are afraid of being abandoned, they will not resist even if they are oppressed or exploited by the other party. In the end, they will lose themselves completely and are easily exploited by predatory individuals.

## 5. DIAGNOSIS, TREATMENT AND IMPLICATIONS

### *5.1. Diagnosis*

There are a number of typical symptoms, DPD is diagnosed if the presentation contains five or more symptoms according to DSM-5 [1]: (1) Without a lot of advice and guarantees from others, it is difficult to make daily decisions; (2) Need others to take responsibility for most areas of their lives; (3) It is difficult to express

disagreement because of fear of losing support or agreement (Note: Does not include concerns about the reality of retaliation.); (4) Difficulty in starting some projects or doing things on your own (because of lack of confidence in your own judgment or abilities, rather than lack of motivation or energy); (5) Excessive effort is to get the cultivation or support of others, and even willing to do some unpleasant things; (6) Feeling uncomfortable or helpless when alone because of being too afraid of not being able to take care of yourself; (7) At the end of a close interpersonal relationship, eagerly seek another relationship as a source of support and care; (8) Fear of the unrealistic preemptive notion that only oneself is left to take care of oneself.

Besides, in the WORLD Health Organization's ICD-10 [4] table dependent personality disorders such as F60.7 dependent personality disorder: (1) It has at least four characteristics: (2) Encourage or allow others to make important life decisions; (3) Subordinating one's own needs to those of others upon whom one is dependent, and excessively following one's own wishes; (4) Unwilling to make reasonable demands on a person; (5) Feeling unwell or helpless due to excessive worry about being unable to care for oneself; (6) Preoccupied with the fear of being abandoned and taken care of by those closest to them; (7) Limited ability to make day-to-day decisions without much advice and reassurance from others; (8) Related functions may include perceiving oneself as helpless, incompetent and lacking in endurance. Also, it include: Weak, inadequate, negative and self-deceiving personality (disorder).

The ICD-10 requirement is that the diagnosis of any particular personality disorder must also meet a set of general personality disorder criteria.

In addition, the SWAP-200 [5] is a diagnostic tool that has been proposed to overcome limitations such as the limited external validity of diagnostic criteria for dependent personality disorder, and the DSM. It is a possible alternative disease system that stems from efforts to establish experience-based approaches to the treatment of personality disorders while preserving the complexities of clinical reality. In the context of SWAP-200, dependent personality disorder is considered a clinical prototype. Rather than discrete symptoms, it provides criteria for a comprehensive description of characteristics - such as personality tendencies.

Based on q-sort and prototype matching, SWAP-200 [5] is a personality assessment program that relies on the judgment of external observers. It offers: (1) A personality diagnosis expressed as matching the ten archetypal descriptions of DSM-IV personality disorder; (2) Personality diagnosis based on patient matching with 11 personality Q factors derived from experience; (3) Dimensional characteristics of health and adaptive function.

According to SWAP-200 [5], the characteristics of dependent personality disorder are: (1) They tend to become rapidly and/or intensely attached, developing feelings and expectations that are not warranted by the history or context of the relationship; (2) Because DPD people tend to be likable and submissive, relationships in which they are emotionally or physically abusive tend to be even more so; (3) They tend to feel guilty, inadequate and depressed; (4) They also feel powerless and suggestive; (5) They often feel anxious and easily feel inside; (6) These people have difficulty acknowledging and expressing anger and meeting their needs and goals; (7) Unable to soothe or comfort themselves in pain, they need the involvement of others to help regulate their emotions.

And the psychodynamic diagnostic Manual (PDM) [6] approaches dependent personality disorder in a descriptive, rather than prescriptive, sense and has received empirical support. The psychodynamic diagnostic manual includes two different types of dependent personality disorders: passive-aggression and counter-dependent.

PDM-2 adopts the prototype method and empirical methods such as SWAP-200. This model is particularly interesting when focusing on dependent personality disorder, claiming that psychopathology arises from a distortion of two main coordinates of psychological development: anaclitic/introjective and relatedness/self-definition dimensions.

Individuals with an anaclitic personality organization present difficulties in interpersonal relaedness, exhibiting the following behaviors: (1) Focus on relationships; (2) Fear of abandonment and rejection; (3) Seek intimacy and intimacy; (4) Interpersonal boundary management is difficult; (5) Tends to have an anxious attachment style; (6) Introverted personality styles are associated with self-definition problems.

### *5.2. Comorbidity and Treatments*

Studies have shown that DPD has significant comorbidity with various axis I and axis II disorders. On axis one, DPD is associated with an increase in the incidence of eating disorders, anxiety disorders, and somatization disorders [7]. Depressed patients have a higher proportion of DPD diagnoses than non-depressed patients, but most studies have shown that the relationship between DPD and depression is relatively mild. Recent evidence suggested that the comorbidity of DPD and alcohol dependence and substance dependence may be stronger than researchers initially thought [7]. On axis two, DPD shows a large number of comorbidities with most personality disorders, including clusters A (paranoid, schizophrenic, and schizophrenic) and B (marginal, narcissistic, and performance).

At present, for the treatment of DPD, different treatment methods are adopted by considering and analyzing the characteristics and treatment goals of DPD patients.

According to DSM-5, there is no specified treatment plan for dependent personality disorder. However, Cognitive-behavioral therapy (CBT) is a commonly used therapy [8]. It is mainly through trying to change the patient's way of thinking to further change the patient's thought content and behavior. Among them, it can be manifested as changing the patient's negative and fearful thinking about self-reliance, and building a healthy self-confidence that does not depend on others.

Another leading form of treatment for people with DPD is the psychotherapy. The main purpose of this therapy is to make individuals more independent and help them establish healthy relationships with those around them. This is achieved by improving their self-esteem and self-confidence.

Changing the environment of the patient would be an effective method. Put patients in an environment where they can only rely on themselves and learn to solve matters by themselves [3].

However, if there are comorbid mental health problems (for example, depression or anxiety disorders) or for the severe DPD patients, medication is essential [9]. And people with DPD often develop into drug users or alcoholics. According to the survey, most drug and alcohol abusers have dependency personality disorder [10]. For those patients who have somatic pain, it is very necessary to apply appropriate medicine to them. If a person to be treated has no obvious physical pain, we should try to avoid giving the patient vitamins or other non-psychotherapy drugs, not to mention the use of drugs to get rid of their sense of insecurity and panic.

## 6. DISCUSSION

The poor performance of DPD and dependence is a serious problem; a large number of negative effects are related to DPD, some of which can constitute serious clinical conditions (such as depression comorbidities). Therefore, continuous research and treatment of the etiology and kinetics of DPD are very important [7].

In addition, for different places and regions, there may be different views on dependence or the diagnosis is due to cultural differences [11]. Above this, the diagnostic methods in various regions also need to be adjusted or the reference standard should be changed. Or further research can be conducted on gender differences. For example, the diagnosis rate of women is much higher than that of men. The root cause is that women are more likely to diagnose rather than because of their higher prevalence [7].

Moreover, some of the problems should be awared during the treatments. Studies have shown that DPD patients will have some common problems in psychotherapy. Since DPD patients will need to be noticed during treatment or show a high degree of compliance during treatment, the common response of therapists to dependent patients is burdened by the patient's compliance and excessive need to be cared for. The therapist may collude with the patient's desire to be nurtured and cared for, or they may begin to think that they are powerless and fantasize about ending treatment. At the same time, it is often difficult for DPD patients to terminate treatment due to fear of abandonment.

## 7. CONCLUSION

In conclusion, biological, psychological, and social factors all can contribute to DPD. Among them, the family will play a greater role and have more influence on it based on the researches so far. In addition, DPD will have a significant impact on people's social functions, which will have certain disadvantages for individuals and society. To avoid adverse consequences, appropriate treatments (such as cognitive behavioral therapy, changing the environment and medications, etc.) should be given according to the individual's specific conditions of the patient.

Mental illness causes irreversible damage to patients, and without a full understanding of DPD, it is impossible to treat them completely. Therefore, this paper helps psychotherapists to help patients with DPD better, which is of great significance. In addition, studies on DPD, I hope more people will transfer their research direction to DNA and physiology in the future, so as to see if drugs that are more appropriate for DPD patients can be developed. This would be a huge step forward in the study of disorder and I believe it will happen in the near future.

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