Published in final edited form as:

J Pers Assess. 2016 ; 98(1): 82–87. doi:10.1080/00223891.2015.1110824.

Construct Validity of the Relationship Profile Test: Links with measures of psychopathology and adult attachment

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Abstract

This study assessed the construct validity of the Relationship Profile Test (RPT; Bornstein & Languirand, 2003) with a substance abuse sample. One hundred-eight substance abuse patients completed the RPT, Experiences in Close Relationships Scale (ECR-SF; Wei, Russell, Mallinckrodt, & Vogel, 2007), Personality Assessment Inventory (PAI; Morey, 1991), and Symptom Checklist-90-Revised (SCL-90-R; Derogatis 1983). Results suggest that the RPT has good construct validity when compared against theoretically related broadband measures of personality, psychopathology and adult attachment. Overall, health dependency was negatively related to measures of psychopathology and insecure attachment, and overdependence was positively related to measures of psychopathology and attachment anxiety. Many of the predictions regarding RPT detachment and the criterion measures were not supported. Implications of these findings are discussed.

Keywords

Dependency; Detachment; Construct Validity; Chemical Dependency; Relationship Profile Test

Dependency is complex and encompasses both overdependence (characterized by maladaptive, inflexible dependency), detachment (characterized by self-reliance at the expense of social relationships), and healthy dependence (characterized by flexible, adaptive, appropriate support seeking; Bornstein, 1995, 1998, 2011, 2012; Cross, Bacon, & Morris, 2000; Kobayashi, 1989). Destructive overdependence results in part from a pattern of overprotective and/or authoritarian parenting (Head, Baker, & Williamson, 1991), and/or from certain temperaments (e.g., low soothability) which may elicit these styles of parenting (Bornstein, 1993). These individuals' insecure, clinging behavior often distances potential caregivers and impairs their ability to develop helping relationships (Blatt & Homann, 1992; Pincus & Gurtman, 1995). Healthy dependent people demonstrate situation-appropriate flexibility with a capability to delay short-term gratification to sustain long-term supportive relationships (Bornstein, 1998, 2011, 2012; Bornstein & Languirand, 2003). Healthy dependency results from authoritative parenting, instilling a sense of confidence and self-directedness (Lee & Robins, 1995) and consistent feedback from others that it is acceptable to ask for support when needed (Clark & Ladd, 2000; Lang-Takac & Osterweil, 1992). Research shows that, only when authoritative parenting co-occurs with the encouragement of appropriate support-seeking, will health dependency develop (Kobayashi, 1989; Singelis, 1994; Wang, Bristol, Mowen, & Chakorabarty, 2000).

In contrast, Birtchnell (1987) defined detachment as a person's inability to develop relationships and employ situation-appropriate affiliative behaviors. Detachment is related to problems in social, occupational, and sexual functioning (Kantor, 1993; Millon, 1996). Research suggests detachment can result from several underlying factors such as early learning and socializing experiences stressing independence and self-sufficiency along with the de-emphasis of connectedness (Clark & Ladd, 2000; Colgan, 1987), conflicts surrounding intimacy (Birtchnell, 1996; Bornstein, 1998), and temperament differences that elicit reactions from others reinforcing socially detached behavior (Coolidge, Thedy, & Jang, 2001).

The Relationship Profile Test (RPT) was designed to assess all three of these interpersonal styles. The RPT is based on a four component (cognitive, emotional, motivational, and behavioral) theory of interpersonal dependency outlined in Table 1. This study examined the construct validity of the RPT (Bornstein & Languirand, 2003) in a substance use sample. We compared RPT scores to scores on two well-validated and widely used broadband measures of psychopathology, the Personality Assessment Inventory (Morey, 1991) and the Symptom Checklist-90-Revised (Derogatis, 1994) as well as a short-form of the Experiences in Close Relationships Scale (Wei, Russell, Mallinckrodt, & Vogel, 2007), a dimensional measure of adult attachment. Past research on the construct validity of the RPT found that the Destructive Overdependence (DO) and Dysfunctional Detachment (DD) scales were negatively correlated with measures of psychological health and attachment security, and positively correlated with measures of psychopathology and attachment insecurity (Bornstein & Huprich, 2006; Bornstein, Porcerelli, Huprich, & Markova, 2009; Haggerty et al., 2010, 2012; Huprich, Hsiao, Porcerelli, Bornstein, & Markova, 2010). The present study seeks to extend these results using different measures, and in a different population—patients with substance use disorders. We generated several sets of a priori hypotheses

derived from research on overdependence, detachment, and healthy dependency which are outlined within Table 3 (e.g., Baltes, 1996; Birtchnell, 1987; Bornstein, 1993, 2005, 2012a, 2012b; Cogswell, 2008; Cross et al., 2000; Fiori, Consedine, & Magai, 2008; Kantor, 1993;; Rude & Burnham, 1995). We expected that somatic complains (Bornstein et al., 1998), anxiety (Stewart, Knize, & Pihl, 1992), depression (Bornstein, 2012a; Bornstein, 2012b; Rude & Burnham, 1995), psychotic or unusual thought processes (Lysaker, Wickett, Lancaster, Campbell, Davis, 2004), interpersonal warm and dominance (Pincus & Wilson, 2001), interpersonal sensitivity (Pincus & Wilson, 2001), suicidality (Bornstein & O'Neill, 2000; Birtchnell, 1981; Epstein et al. 1973), borderline personality pathology (Baity et al. 2009; Birtchnell, 1981; Cawood & Huprich, 2011; Coen, 1992) and attachment style (Bornstein et al., 2002; Haggerty et al., 2010) would be related to unhealthy dependency. We broadly expected that healthy dependency would be negatively correlated to psychopathology.

Method

Participants

Two hundred and twenty seven consecutively admitted patients to the 28-day inpatient chemical dependency rehabilitation unit of Nassau University Medical Center were consented to this IRB approved study. The inpatient 28-day chemical dependency rehabilitation unit is a 30-bed locked facility at a large northeastern U.S. teaching hospital. Patients are either voluntarily admitted or court-ordered to attend substance abuse rehabilitation treatment. The treatment on this unit is framed by the 12-step Alcoholics Anonymous model with patients' days highly structured involving multiple treatment groups throughout the day. Patients receive concurrent psychopharmacological treatment as deemed necessary. We eliminated those patients whose Personality Assessment Inventory (PAI) was invalid (see below), leaving a total of 180 patients included in the data analyses for this study. Table 2 contains the demographic background of patients who consented.

Measures

Relationship Profile Test (RPT; Bornstein & Languirand, 2003) is a 30-item Likert-style self-report measure of dependency-detachment that yields three subscales: Destructive Overdependence (DO), Dysfunctional Detachment (DD), and Health Dependency (HD). Participants are asked to respond to a series of self-statements with each rated on a 7-point scale ranging from 1 (*not at all true of me*) to 7 (*very true of me*). Items are derived from the theoretical and empirical literature on healthy dependency, detachment, and over-dependency; statements are written to draw upon the four elements of each personality style (i.e., motivational, behavioral, cognitive, and emotional) as well as other essential components of the dimension in question (Bornstein et al., 2002, 2003). Internal consistency reliability (coefficient alpha) of .85 was obtained for DO, .65 for DD, .76 for HD.

Personality Assessment Inventory (PAI; Morey, 1991) is a broadband measure of psychological and personality functioning. It contains 344 items rated on a 4-point Likert scale (1=*false*, 2=*slightly true*, 3=*mainly true*, 4=*very true*). The PAI is composed of 22 nonoverlapping scales: 4 validity scales, 11 clinical scales, 5 treatment scales, and 2

interpersonal scales. Research with clinical samples shows support for the reliability and validity of the PAI (Siefert, Sinclair, Kehl-Fie, & Blais, 2009). In line with the PAI manual, only protocols that were valid (i.e., with all 4 validity scales under the cut-offs outlined by Morey, 1991) were used. Out of a total number of 227 PAI protocols 47, (21%) were found not to be valid and eliminated from analyses.

Symptom Checklist-90-Revised (SCL-90-R; Derogatis 1983) is a 90-item self-report questionnaire assessing general psychiatric symptomatology. It contains 9 scales that can be summarized into a global score of symptomatic distress, the Global Severity Index (GSI). The items are scored from 1–5 on how much discomfort each of the complaints described have caused them during the past week. In the current study coefficient alphas for the scales are as follows: Somatization: (.88); Obsessive-Compulsive (.88); Interpersonal Sensitivity (.88); Depression (.91); Anxiety (.89); Hostility (.83); Phobic Anxiety (.87); Paranoid Ideation (.76); Psychoticism (.87); and Global Severity Index (GSI) (.98).

Experiences in Close Relationships Scale-Short Form (ECR-SF; Wei, Russell, Mallinckrodt, & Vogel, 2007). The ECR-SF is a 12-item measure of adult attachment developed using the Experience in Close Relationships Inventory (ECR; Brennan, Clark, & Shaver, 1998). It contains 6 items that measure attachment avoidance and 6 that measure attachment anxiety. Similar to the ECR, the ECR-S contains two scales that respectively assess attachment anxiety and attachment avoidance. Items are rated on a 7-point Likert scale ranging from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). For the current study the coefficient alpha for the dimensions of anxiety was .77 and avoidance was .70.

Procedure

All patients who were admitted to the hospital's inpatient 28-day chemical dependency rehabilitation unit were approached for participation. The measures used were part of a larger assessment and outcome study. Consented patients completed the RPT, PAI, SCL-90-R, and ECR-SF shortly after being admitted to the unit (within two work days of admission). These measures were part of an admission packet that included several other measures not used in these analyses. This study was approved by the hospital's institutional review board.

Results

Table 3 contains the means, standard deviations, and score ranges for all study measures. Table 3 also summarizes Pearson product moment correlations that were calculated between the three scales of the RPT and all subscales of the PAI, SCL-90-R, and ECR-SF; 49% of our predicted correlations (33 of 67) were in the expected direction with the exception of the relationship between the DD scale and many of the criterion variables. In order to control for Type-I error we only consider correlations (r s) at or above .30 in magnitude ($p < .001$) of significance, in line with Cohen (1988).

Results contained in Table 3 revealed that the RPT scales were significantly intercorrelated, as previous research has found (Bornstein, Porcerelli, Huprich, & Markova, 2009; Huprich, Hsiao, Porcerelli, Bornstein, & Markova, 2009). No significant gender differences were discovered in our sample for DO (men ($M = 27.92$, $SD = 8.17$) women ($M = 29.20$, $SD = 7.87$),

$t(172)=1.01, p = .31, d = .15$), DD (men ($M = 33.87, SD=5.97$) women ($M=33.19; SD=5.43$), $t(172)=0.76, p = .45, d = .12$), and HD (men ($M = 34.04, SD=6.50$) women ($M=32.22; SD=5.49$), $t(172)=1.88, p = .06, d = .29$).

Discussion

The present study generally supports the construct validity of the Relationship Profile Test in substance use patients. These results replicate and extend existing research (Bornstein et al., 2010; Haggerty et al., 2012). DO was broadly positively associated with increased psychopathology, whereas HD showed the opposite pattern. DD was not significantly correlated with many of the scales of the PAI, and showed smaller magnitude correlations with the SCL-90-R scales than did DO. This latter result was unexpected and could be related to DD's lower internal reliability; however, when the internal consistency reliabilities of this study are compared to the past 12 RPT studies reporting Cronbach's alpha values, internal consistency reliability, (Bornstein et al., 2003; Bornstein et al., 2004; Bornstein et al., 2009; Bornstein et al., 2010; Denkle et al., 2011; Denkle et al., 2015; Haggerty et al., 2010; Haggerty et al., 2012; Huprich et al., 2010; Hutchins & Raith, 2014; Porcerelli et al., 2009; Porcerelli et al., 2015) the present values are not much different from previously reported reliabilities (average Cronbach alphas for DO, DD and HD for these 12 studies are .82, .72, .74 respectively).

Results show that the RPT means and standard deviations were in line with those of past research involving clinical samples, and that the intercorrelations among RPT scales are also comparable to what has been previously reported (Bornstein et al., 2009; Haggerty et al., 2010). DO and DD may be significantly positively correlated because they are assessing a broad construct of unhealthy dependency. Our study found no significant correlation between DD and HD. One possibility could be that people who score higher on DD also under report their problems. This is supported by the finding that DD was significantly positively correlated with attachment avoidance. People who score high on attachment avoidance often utilize a deactivation strategy which is what Livesley (1991) called the "inhibitedness" aspect of personality pathology. This includes a restricted expression of emotions, problems with intimacy, and social avoidance. Attachment avoidance has also been linked to overt narcissism and a denial of weaknesses (Wink, 1991). Many studies have found no association between attachment avoidance and psychological distress (Mikulincer & Shaver, 2007), though studies that focus upon a specific highly stressful event the two variables to be correlated under these conditions. Our study did not have participants focus on a highly stressful event, and this could be one reason we did not find an association between DD and psychopathology. In contrast, those who are overdependent may over-report as a way to obtain or maintain care.

Links between the RPT and dimensions of adult attachment were in line with previous research (Bornstein et al., 2002, 2009; Haggerty et al., 2010). DO was positively correlated with attachment anxiety, DD was positively correlated with attachment avoidance, and HD was negatively correlated with both attachment anxiety and avoidance. The magnitude of the effect sizes also suggest these three constructs overlap with attachment, but are not isomorphic (see also Livesley, Schroeder, & Jackson, 1990). Attachment and interpersonal

dependency are similar because both are related to interpersonal processes, but differ in that attachment styles are reinforced by a particular individual (attachment figure), whereas dependency-related behaviors result from cues and reinforcements from various people with whom the individual may interact apart from the similarity of that person to an internal representations of early caregivers (Bornstein et al., 1996; Denckla, Bornstein, Mancini, & Bonanno, 2014; Gewirtz, 1972). From a psychometric perspective, research shows that dependency and attachment are generally distinct from each other (Klohn & John, 1998). For example, HD scores are correlated in the range of .30–.40 with measures of secure attachment. (Bornstein et al., 2001, 2002; Pincus & Wilson, 2001).

Limitations

We used patients' self-report data exclusively. Shared method variance resulting from reliance on self-reports for all of the study data may have lead to inflated correlations. Future studies should investigate the RPT using different methods (e.g., performance based, clinical ratings). That said, we did compare the RPT to two well validated and widely used measures of psychopathology and found predicted correlations generally consistent with those obtained in previous RPT construct validity studies. Thus, these results replicate and extend previous findings in this area, and suggest that the RPT may have promise in this population, as it does in other clinical settings.

Acknowledgments

The preparation of the manuscript was funded in part by National Institute of Mental Health (NIMH) Grant No. 1R21MH097781-01A1 awarded to the first author and second author.

References

- Ainsworth MDS. Object relations, dependency, and attachment: A theoretical review of the infant-mother relationship. *Child Development*. 1969; 40:969–1025. [PubMed: 5360395]
- Ainsworth MDS. Attachment beyond infancy. *American Psychologist*. 1989; 44:709–716. [PubMed: 2729745]
- Baity MR, Blais MA, Hilsenroth MJ, Fowler JC, Padawar JR. Self-mutilation, severity of borderline pathology, and the Rorschach. *Bulletin of the Menninger Clinic*. 2009; 73:203–225. [PubMed: 19807224]
- Baltes, MM. *The many faces of dependence in old age*. Cambridge, UK: Cambridge University Press; 1996.
- Baumeister RF, Leary MR. The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*. 1995; 117:497–529. [PubMed: 7777651]
- Benjamin LS. Structural analysis of social behavior. *Psychological Review*. 1974; 81:392–425.
- Birtchnell J. Some familial and clinical characteristics of female suicidal psychiatric inpatients. *British Journal of Psychiatry*. 1981; 138:381–390. [PubMed: 7284705]
- Birtchnell J. Attachment-detachment, directedness-receptiveness: A system for classifying interpersonal attitudes and behavior. *British Journal of Medical Psychology*. 1987; 60:17–27. [PubMed: 3567107]
- Birtchnell, J. Detachment. In: Costello, CG., editor. *Personality characteristics of the personality disordered*. New York: Wiley; 1996. p. 173-205.
- Bornstein, RF. *The dependent personality*. New York: Guilford Press; 1993.
- Bornstein, RF. *The dependent patient: A practitioner's guide*. Washington, DC: APA Books; 2005.
- Bornstein RF. From dysfunction to adaptation: An interactionist model of dependency. *Annual Review of Clinical Psychology*. 2012a; 8:291–316.

- Bornstein RF. Illuminating a neglected clinical issue: Societal costs of interpersonal dependency and dependent personality disorder. *Journal of Clinical Psychology*. 2012b; 68:766–781. [PubMed: 22623345]
- Bornstein RF, Geiselman KJ, Eisenhart EA, Languirand MA. Construct validity of relationship profile test: Links with attachment, identity, relatedness, and affect. *Assessment*. 2002; 9:373–381. [PubMed: 12462757]
- Bornstein RF, Geiselman KJ, Gallagher HA, Ng HM, Hughes EE, Languirand MA. Construct validity of the Relationship Profile Test: Impact of gender, gender role, and gender role stereotype. *Journal of Personality Assessment*. 2004; 82:104–113. [PubMed: 14979839]
- Bornstein RF, Gottdiener WH, Winarick DJ. Construct validity of the Relationship Profile Test: Links with defense style in substance abuse patients and comparison with nonclinical norms. *Journal of Psychopathology and Behavioral Assessment*. 2010; 32:293–300.
- Bornstein RF, Huprich SK. Construct validity of the Relationship Profile Test: Three-year retest reliability and links with core personality traits, object relations, and interpersonal problems. *Journal of Personality Assessment*. 2006; 82:162–171. [PubMed: 16599790]
- Bornstein, RF.; Languirand, MA. *Healthy dependency*. New York: Newmarket; 2003.
- Bornstein RF, O'Neill RM. Dependency and suicidality in psychiatric inpatients. *Journal of Clinical Psychology*. 2000; 56:463–473. [PubMed: 10775041]
- Bornstein RF, Porcerelli JH, Huprich SK, Markova T. Construct validity of the Relationship Profile Test: Correlates of overdependence, detachment, and healthy dependence in low income urban women seeking medical services. *Journal of Personality Assessment*. 2009; 91:537–544. [PubMed: 19838903]
- Bornstein RF, Riggs JM, Hill EL, Calabrese C. Activity, passivity, self-denigration, and self-promotion: Toward an interactionist model of interpersonal dependency. *Journal of Personality*. 1996; 64:637–673. [PubMed: 8776882]
- Brennan, KA.; Clark, CL.; Shaver, PR. Self-report measurement of adult attachment: An integrative overview. In: Simpson, JA.; Rholes, WS., editors. *Attachment theory and close relationships*. New York: Guilford Press; 1998. p. 46-76.
- Cawood CD, Huprich SK. Late adolescent nonsuicidal self-injury: The roles of coping style, self-esteem, and personality pathology. *Journal of Personality Disorders*. 2011; 25:765–781. [PubMed: 22217223]
- Clark KE, Ladd GW. Connectedness and autonomy support in parent-child relationships: Links to the children's socioeconomic orientation and peer relationships. *Developmental Psychology*. 2000; 36:485–498. [PubMed: 10902700]
- Coen, SJ. *The misuse of persons: Analyzing pathological dependency*. Hillsdale, NJ: Analytic Press; 1992.
- Cogswell A. Explicit rejection of an implicit dichotomy: Integrating two approaches to assessing dependency. *Journal of Personality Assessment*. 2008; 90:26–35. [PubMed: 18444092]
- Cohen, J. *Statistical power analysis for the behavioral sciences*. 2. Hillsdale, NY: Erlbaum Press; 1988.
- Colgen P. Treatment and dependency disorder in men: Toward a balance of identity and intimacy. *Journal of Chemical Dependency Treatment*. 1987; 1:205–227.
- Collins NJ, Read SJ. Adult attachment, working models, and relationship quality in dating couples. *Journal of Personality and Social Psychology*. 1990; 58:644–663. [PubMed: 14570079]
- Coolidge FL, Thede LL, Jang KJ. Heritability of personality disorders in childhood: A preliminary investigation. *Journal of Personality Disorders*. 2001; 15:33–40. [PubMed: 11236813]
- Costa, PT.; Widiger, TA. *Personality disorders and the five-factor model of personality*. Washington, DC: American Psychological Association; 1994.
- Cross SE, Madison L. Models of self: Self-construals and gender. *Psychological Bulletin*. 1997; 122:5–37. [PubMed: 9204777]
- Denckla CA, Bornstein RF, Mancini AD, Bonanno GA. Extending the construct validity of dependency among conjugally bereaved adults. *Assessment*. 2014; 10.1177/1073191114542597
- Derogatis, LR. *SCL-90-R administration, scoring, and procedures manual II*. Towson, MD: Clinical Psychometric Research; 1983.

- Epstein LC, Thomas CE, Shaffer JW, Perlin S. Clinical prediction of physician suicide based on medical student data. *Journal of Nervous and Mental Disease*. 1973; 156:19–28. [PubMed: 4690309]
- Fiori KL, Consedine NS, Magai C. The adaptive and maladaptive faces of dependency in later life: Links to physical and psychological health outcomes. *Aging and Mental Health*. 2008; 12:700–712. [PubMed: 19023721]
- Gewirtz, JL. Attachment, dependence, and a distinction in terms of stimulus control. In: Gewirtz, JL., editor. *Attachment and dependency*. Washington, DC: V. H. Winston; 1972. p. 139–177.
- Gurtman MB. Construct validity of interpersonal personality measures: The interpersonal circumplex as a nomological net. *Journal of Personality and Social Psychology*. 1992; 63:105–118.
- Haggerty G, Blake M, Siefert CJ. Convergent and divergent validity of the Relationship Profile Test: Investigating the relationship with attachment, interpersonal distress, and psychological health. *Journal of Clinical Psychology*. 2010; 66:339–354. [PubMed: 20127793]
- Haggerty G, Aflatoon K, Ghosh K, Babalola R, Ahmed Z, Alois A. Construct validity of the Schwartz Outcome Scale: Validation using a 28-day inpatient chemical rehabilitation patient sample. *The Journal of Nervous and Mental Disease*. 2012; 200:343–348. [PubMed: 22456589]
- Head SB, Baker JD, Williamson DA. Family environment characteristics and dependent personality disorder. *Journal of Personality Disorders*. 1991; 5:256–263.
- Huprich SK, Hsiao W, Porcerelli JH, Bornstein RF, Markova T. Expanding the validity of the Relationship Profile Test: Associations with physical health and anaclitic/introjective depression. *Assessment*. 2010; 17:81–88. [PubMed: 19700737]
- Kantor, M. *Distancing*. Westport, CT: Praeger; 1993.
- Lang-Takac E, Osterweil Z. Separateness and connectedness: Differences between genders. *Sex Roles*. 1992; 27:277–289.
- Lee RM, Robbins SB. Measuring belongingness: The Social Connectedness and Social Assurance Scales. *Journal of Consulting Psychology*. 1995; 42:232–241.
- Livesley WJ. Classifying personality disorders: Ideal types, prototypes, or dimensions? *Journal of Personality Disorders*. 1991; 5:52–59.
- Livesley WJ, Schroeder ML, Jackson DN. Dependent personality disorder and attachment problems. *Journal of Personality Disorders*. 1990; 4:131–140.
- Luyten P, Blatt SJ. Interpersonal relatedness and self-definition in normal and disrupted personality development: retrospect and prospect. *American Psychologist*. 2013; 68:172–183. [PubMed: 23586492]
- Lysaker PH, Wickett AM, Lancaster RS, Campbell K, Davis LW. Heightened interpersonal dependency in schizophrenia: Associations with graver impairment in neurocognition but not with negative or positive symptoms. *Bulletin of the Menninger Clinic*. 2004; 68(2):164–173. [PubMed: 15262618]
- McCrae, RR.; Costa, PT. *Personality in adulthood*. New York: Guilford; 1990.
- Mikulincer M, Shaver PR. An attachment perspective on psychopathology. *World Psychiatry*. 2012; 11:11–15. [PubMed: 22294997]
- Mikulincer, M.; Shaver, PR. *Attachment in adulthood: Structure, dynamics, and change*. New York: Guilford Press; 2007.
- Millon, T. *Disorders of personality: DSM-IV and beyond*. New York: Wiley; 1996.
- Millon, T. *Disorders of personality: Introducing a DSM/ICD spectrum for normal to abnormal*. New York: Wiley; 2011.
- Morey, LC. *Personality Assessment Inventory professional manual*. Odessa, FL: Psychological Assessment Resources; 1991.
- Morey, LC. *Personality Assessment Inventory: Professional manual*. 2. Odessa, FL: Psychological Assessment Resources; 2007.
- Neki JS. An examination of the cultural relativism of dependence as a dynamic of social and therapeutic relationship. *British Journal of Medical Psychology*. 1976; 49:1–10. [PubMed: 1268110]

- Pincus AL, Gurtman MB. The three facets of interpersonal dependency: Structural analysis of self-report dependency measures. *Journal of Personality and Social Psychology*. 1995; 69:744–758. [PubMed: 7473029]
- Pincus AL, Wilson KR. Interpersonal variability in dependent personality. *Journal of Personality*. 2001; 69:223–251. [PubMed: 11339797]
- Rude SS, Burnham BL. Connectedness and neediness: Factors of the DEQ and SAS dependency scales. *Cognitive Therapy and Research*. 1995; 19:323–340.
- Schneider, K. *Die psychopathischen personlichkeiten*. Vienna, Austria: Deuticke; 1923.
- Siefert CJ, Sinclair SJ, Kehl-Fei KA, Blais MA. An item-level psychometric analysis of the Personality Assessment Inventory: Clinical scales in a psychiatric inpatient unit. *Assessment*. 2009; 16:373–383. [PubMed: 19419952]
- Stewart SH, Knize K, Pihl RO. Anxiety sensitivity and dependency in clinical and non-clinical panickers and controls. *Journal of Anxiety Disorders*. 1992; 6(2):119–131.
- Sullivan, HS. *Conceptions of modern psychiatry*. Washington, DC: William Alanson White Institute; 1947.
- Tait M. Dependence: A means or an impediment to growth? *British Journal of Guidance and Counseling*. 1997; 25:17–26.
- Wei M, Russell DW, Mallinckrodt B, Vogel DL. The Experience in Close Relationships Scale (ECR)-Short Form: Reliability, validity and factor structure. *Journal of Personality Assessment*. 2007; 88:187–204. [PubMed: 17437384]
- Wilberg T, Karterud S, Pedersen G, Urnes O. The impact of avoidant personality disorder on psychosocial impairment is substantial. *Nordic Journal of Psychiatry*. 2009; 63:390–396. [PubMed: 19333817]

Table 1
Components of Destructive Overdependence, Dysfunctional Detachment, Healthy Dependency

	Component			
	Cognitive	Emotional	Motivational	Behavioral
Destructive Overdependent	Perception of self as weak and ineffectual	Fear of negative evaluation; abandonment concerns	Desire to maintain close ties to caregivers/authority figures	Clinginess; reassurance-seeking; helpless self-presentation
Dysfunctional Detachment	Perception of others as hurtful or untrustworthy	Fear of being hurt/overwhelmed	Desire to maintain distance from others; need for control	Social avoidance; rigidly autonomous self-presentation
Healthy Dependency	Perception of self as competent; others as trustworthy	Security in intimacy; confidence in autonomy	Desire for closeness in context of autonomy and self-reliance	Autonomous functioning coupled with situation-appropriate help seeking

Note: From Bornstein et al., 2003

Table 2

Patient Demographics

Average Age		34.88 (SD=11.06) Range 18–65
Gender	N	
Female	67	37.2%
Male	113	62.8%
Ethnicity		
Caucasian	142	79.8%
African American	16	9.0%
Latino/Hispanic/Spanish	15	8.4%
Other	5	2.8%
Relationship Status		
Single	123	68.7%
Divorced	24	13.4%
Separated	17	9.5%
Married	14	7.8%
Civil Union	1	0.6%
Level of Education		
Completed at least some college	87	48.3%
Completed at least some high school	86	47.8%
Did not complete any high school	7	3.9%
Primary Substance of Abuse		
Opiates	53	35.1%
Alcohol	52	34.4%
Polysubstance including alcohol	15	9.9%
Polysubstance not including alcohol	13	8.6%
Other	12	7.9%
Marijuana	5	3.3%
Benzodiazepines	1	0.7%

Note: The demographics are for all participants included in the analyses who had valid PAI protocols.

Table 3

Pearson correlations between the RPT scales and the criterion variables (N = 175)

	M	SD	Range	RPT-DO			RPT-DD			RPT-HD		
				Predicted	Obtain		Predicted	Obtain		Predicted	Obtain	
RPT-DO	28.35	8.05	10–48		–		+	.25		–	–.32*	
RPT-DD	33.61	5.76	16–50	+	.25			–		–	.14	
RPT-HD	33.37	6.18	17–50	–	–.32*		–	.14			–	
PAI												
SOM	15.74	9.79	0–46	+	.25		+	.09		–	–.21	
ANX	24.43	12.72	1–67	+	.37*		+	.01		–	–.31*	
ARD	24.74	10.8	21–53	+	.32*		+	.13		–	–.31*	
DEP	23.07	11.24	2–53	+	.39*		+	.11		–	–.41*	
MAN	26.28	10.81	2–63	0	–.14		0	.04		0	–.03	
PAR	25.52	9.71	2–54	0	.10		+	.09		–	–.30*	
SCZ	16.82	8.45	0–44	+	.33*		0	.16		–	–.36*	
BOR	32.61	12.92	3–64	+	.31*		0	.11		–	–.37*	
ANT	28.13	12.59	0–63	0	–.01		0	.09		–	–.21	
ALC	16.96	11.39	0–36	0	.15		0	.03		–	–.19	
DRG	20.48	7.61	1–33	0	.22		0	.04		–	–.27	
AGG	21.42	11.94	1–52	0	.02		0	.01		–	–.23	
SUI	5.03	5.78	0–28	+	.32*		0	.06		–	–.23	
STR	13.72	5.48	0–24	0	.18		0	.08		–	–.23	
NON	7.23	4.23	0–19	0	.12		0	.11		–	–.27	
RXR	7.07	4.05	0–18	0	–.18		0	.08		–	.16	
DOM	19.44	6.92	0–34	–	–.37*		0	.01		0	.09	
WRM	21.09	7.11	0–34	0	–.10		–	–.17		0	.12	
SCL-90-R												
Somatization	1.32	.85	0–4	+	.22		+	.11		–	–.33*	
Obsessive-Compulsive	1.54	.88	0–3.7	+	.43*		+	.13		–	–.38*	

	M	SD	Range	RPT-DO			RPT-DD			RPT-HD		
				Predicted	Obtain		Predicted	Obtain		Predicted	Obtain	
Interpersonal Sensitivity	1.31	.89	0-3.56	+	.53*		0	.20		-	-.35*	
Depression	1.73	.92	0-3.54	+	.47*		+	.28		-	-.41*	
Anxiety	1.41	1.01	0-4.3	+	.43*		+	.10		-	-.39*	
Hostility	1.03	.85	0-3.33	0	.20		+	.04		-	-.21	
Phobic Anxiety	.72	.81	0-4	+	.35*		0	.11		-	-.31*	
Paranoid Ideation	1.23	.8	0-3.83	0	.38*		+	.18		-	-.34*	
Psychoticism	.99	.83	0-3.5	0	.42*		0	.26		-	-.41*	
GSI	1.34	.74	0-3.27	+	.46*		+	.18		-	-.43*	
ECR-SF												
Anxiety	24.09	7.77	7-42	+	.43*		0	.14		-	-.19	
Avoidance	17.81	6.83	4-40	0	.10		+	.32*		-	-.24	

Note:

* denotes correlations that were greater in magnitude than .30 with $p < .001$.

RPT-DO=Destructive Overdependence; RPT-DD=Dysfunctional Detachment; RPT-HD=Healthy Dependence; PAI=Personality Assessment Inventory; SOM=Somatic Complaints; ANX=Anxiety; ARD=Anxiety Related Disorders; DEP=Depression; MAN=Mania; PAR=Paranoia; SCZ=Schizophrenia; BOR=Borderline Features; ANT=Antisocial Features; ALC=Alcohol Problems; DRG=Drug Problems; AGG=Aggression; SUI=Suicidal Ideation; STR=Stress; NON=Nonsupport; RXR=Treatment Rejection; DOM=Dominance; WRM=Warmth; SCL-90-R=Symptom Checklist 90-Revised; ECR-SF=Experiences in Close Relationships-Short Form. Predicted relationships are as follows: + = positive correlation predicted; - = negative correlation predicted; 0 = scores expected to be uncorrelated.