



## Dependency, detachment and psychopathology in a nonclinical sample: General relations and gender differences. Is there a new line of inquiry on paranoid pathology?

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### ABSTRACT

In this study, both Bornstein's Relationship Profile Test (RPT) and Derogatis' Symptom Check List (SCL-90-R) were administered to a nonclinical sample of 119 subjects from Madrid (Spain). Healthy dependency, dysfunctional detachment and destructive overdependence (RPT subscales) were evaluated and correlated with SCL-90-R symptom dimensions. Destructive overdependence correlated positively with every SCL-90-R psychopathology dimension. On the contrary, healthy dependency correlated negatively with all these SCL-90-R dimensions. Gender differences were significant with regard to the correlation between dysfunctional detachment and paranoid ideation. In women dysfunctional detachment correlated positively with paranoid ideation, whereas in men the resultant correlation was negative and not significant. This gender difference in the relationship between dysfunctional detachment and paranoid ideation may suggest a new line of inquiry on paranoid pathology. Besides, the study explores the SCL-90-R psychopathology scores of several clusters of individuals with different profiles of dependency-detachment obtained from the RPT subscale scores.

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### Dependencia, desapego y psicopatología en una muestra no clínica: relaciones generales y diferencias de género. ¿Hay una nueva línea de investigación de la patología paranoide?

#### RESUMEN

En este estudio, se administraron tanto el Test del Perfil de la Relación de Bornstein (RPT) como el cuestionario de 90 síntomas de Derogatis (SCL-90-R) a una muestra no clínica de 119 sujetos de Madrid. La dependencia saludable, el desapego disfuncional y la sobredependencia destructiva (subescalas del RPT) fueron evaluadas y correlacionadas con las dimensiones de psicopatología del SCL-90-R. La sobredependencia destructiva correlacionó positivamente con todas las dimensiones de psicopatología. Por el contrario, la dependencia saludable correlacionó negativamente con todas estas dimensiones de psicopatología. Se han encontrado diferencias de género con respecto a la correlación entre el desapego disfuncional y la ideación paranoide. En las mujeres, el desapego disfuncional correlacionó positivamente con la ideación paranoide, mientras que en los hombres esta correlación fue negativa y no significativa. Estas diferencias de género en la relación entre el desapego disfuncional y la ideación paranoide sugieren una nueva línea de investigación sobre la patología paranoide. Se exploran además las puntuaciones de psicopatología del SCL-90-R en diferentes grupos de individuos con diferentes perfiles de dependencia-desapego, a partir de las puntuaciones del Test del Perfil de Relación.

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In the last thirty five years there has been an increasing interest in the measurement of dependency factors and their relationship with psychopathology. Since the study conducted by Hirshfeld et al. (1977)

with the Interpersonal Dependency Inventory (IDI), different researchers have linked dependency factors with psychopathological clinical disorders such as dependent personality disorder (Bornstein, 1993), affective and anxiety disorders (Akiskal et al., 2008; Darcy, Davila & Beck, 2005; Shulte, Mongrain & Flora, 2008), substance abuse disorders (Bornstein, Gottdiener, & Winarick, 2010; McMMain & Ellery, 2008), and eating disorders (Bornstein, 2001). Bornstein and Johnson (1990) studied the relationship between dependency and psychopathology

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in a nonclinical sample. The authors used the Dependency subscale of the Personality Diagnostic Questionnaire-Revised - PDQ-R (Hyler et al., 1988) and Derogatis' Symptom Check List - SCL-90-R (Derogatis, 1983; Derogatis, Lipman, & Covi, 1973). They found significant positive correlations between dependency and several psychopathology dimensions. In contrast to other studies (Abuín & Rivera, 2014; Bornstein et al., 2004; González de Rivera et al., 1991), they did not find gender differences on psychopathology and dependency scores.

As the concept of dependency evolved through different theoretical models, dependency has been assessed in different ways. The dynamic model linked dependency traditionally – in its classic metaphor – to fixation on oral satisfaction needs and on the vicissitudes of object relations. New approaches from cognitive and interactionist models have tried to integrate cognition, motivation, affect, behavior, and context related behavior with the object relations theory (Bornstein, 1996). Recently, from a psychometric point of view, McClintock, McCarrick, and Anderson (2014) have found a significant relationship between interpersonal dependency and excessive reassurance-seeking (ERS). From the behavioral and social learning theory point of view, dependency is based on the individual's reinforcement history. Dependent behaviors are displayed because they are rewarded by others or, as Bornstein has pointed out, because the individual perceives them as likely to elicit rewards (Bornstein, 2005). These patterns may be learned by own experience or by vicarious identifications.

Dependency and its seemingly opposite, detachment, are not unidimensional constructs. Several researchers (Bornstein, 2005; Bornstein et al., 2004; Cross, Bacon, & Morris, 2000; Cross & Madson, 1997) consider different types of dependency and detachment. Bornstein et al. (2004) distinguish three dimensions: destructive overdependence, healthy dependency, and dysfunctional detachment. Destructive overdependence (DO) is characterized by maladaptive and inflexible dependency. It includes a) the perception of the self as weak and helpless, b) the extreme need to establish and maintain close ties to caregivers or authority figures, c) the fear of negative evaluations and abandonment by others, and d) clinginess. Healthy dependency (HD) is characterized by flexible and adaptive dependency and is associated with appropriate seeking of help and support. It includes a) the perception of the self as competent, b) a healthy need of close ties, c) well-being in intimate situations, d) appropriate confidence in oneself, and e) autonomous functioning. Dysfunctional detachment (DD) is characterized by a) a perception of others as hurtful or untrustworthy, b) an extreme autonomous self-presentation, c) a marked need to maintain distance from others, and d) fear of being hurt or overwhelmed by closeness.

To measure these dependency-detachment dimensions, Bornstein created the Relationship Profile Test - RPT (Bornstein & Languirand, 2004). Construct validity of the RPT has been supported by several studies (Bornstein, Geiselman, Eisenhart, & Languirand, 2002; Bornstein et al., 2004; Bornstein & Huprich, 2006).

Dependency is a significant source of gender differences. A plethora of studies have consistently supported the fact that women obtain higher scores than do men on self-report measures of dependency, although this pattern of results is not so consistent with projective dependency scores (Bornstein, 1995). Previously, Bornstein, Manning, Krukonis, Rossner, & Mastro Simone (1993) had found that women obtained higher dependency scores than men when a self-report measure was used (in this case, Hirshfeld's interpersonal dependency inventory), but there were no significant differences when a projective dependency measure was used (in this case the ROD scale; Masling, Rabie, & Blondheim, 1967). Gender differences in detachment were especially studied by Bornstein et al. (2004), who did not find any differences between men and women using the RPT. Similar findings with regard to dysfunctional detachment and gender differences were obtained by Haggerty, Blake, and Siefert (2010). Healthy dependency, a concept closely related to interdependence, is a source of gender differences according to Bornstein et al. (2004), who found that women obtained higher scores than men on healthy dependency subscales, a result that is congruent with Cross and Madson's (1997) model of

self-construal. However, other studies have not found these gender differences related to interdependence (Gabriel & Gardner, 1999; Haggerty et al., 2010). As Baumeister and Sommer (1997) and Gabriel and Gardner (1999) suggest, there can be two types of interdependence, depending on taking in consideration either men or women. Men's type of interdependence seems to be related to a feeling of group belongingness, whereas women's type seems to be related to intimate and close relationships rather than to group belongingness.

The purposes of this paper are, on the one hand, to study the inter-correlations among RPT dimensions and the relationships between the dependency and detachment measures of the RPT with the SCL-90-R psychopathology dimensions in a nonclinical sample; and, on the other hand, to explore the scores on SCL-90-R dimensions and indices of clusters of subjects with different profiles of dependency-detachment and to investigate the effects of gender on the different relationships between dependency-detachment and psychopathology. According to the studies developed with the English version of the RPT in USA samples (Bornstein & Huprich, 2006; Bornstein & Johnson, 1990; Bornstein et al., 2004), the following predictions were tested with the Spanish version of the RPT in a nonclinical sample in Spain: (1) destructive overdependence, dysfunctional detachment, and healthy dependency should be correlated with each other; destructive overdependence and/or dysfunctional detachment should correlate negatively with healthy dependency; (2) destructive overdependence and dysfunctional detachment should be positively correlated with psychopathology dimensions measured by a self-report instrument (SCL-90-R); (3) healthy dependency should be negatively correlated with dimensions of psychopathology measured by the SCL-90-R; (4) the links between dependency variables and psychopathology should tend to be generalized, rather than limited to specific dimensions; and (5) gender should affect specific correlations rather than global correlations.

## Method

### Participants

Participants were 119 subjects (38 males and 81 females). They participated in a psychoeducational project on "how to manage stress and anxiety", offered by a private psychiatric and psychological clinic of Madrid. All of them had been previously assessed through a clinical interview. Subjects with either history of psychiatric disorder or current clinical psychopathology were not included in the study. The mean age was 25.67 years ( $SD = 6.48$ ), with a range from 18 to 66 years.

### Measures

Variables of dependency and detachment were assessed by the Spanish version of Bornstein's Relationship Profile Test (Abuín, Mesía, & Rivera, 2007). The RPT consists of 30 items that define three dimensions related to dependency or to detachment: a) destructive overdependence (DO), b) dysfunctional detachment (DD), and c) healthy dependency (HD). Items are assessed on a scale with a range from 0 to 5.

Psychopathology was assessed by the Spanish version of Derogatis' Symptom Check List-90 Revised (González de Rivera, De las Cuevas, Rodríguez-Abuín, & Rodríguez-Pulido, 2002). The SCL-90-R yields subscale scores for nine dimensions of psychopathology (somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, phobic anxiety, hostility, paranoid ideation, and psychoticism) and three global psychopathology scores (Positive Symptom Total - PST, General Symptom Index - GSI, and Positive Symptoms Distress Index - PSDI). Reliability and validity properties of the Spanish version are described by the authors (González de Rivera et al., 2002).

### Procedure

Subjects completed three questionnaires in the following order: a socio-cultural questionnaire, the RPT, and the SCL-90-R.

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