Osmangazi Journal of Educational Research © OJER Volume 5, Number 2, Autumn 2018

Research Article

To cite this article: Körük, S. and Kara, A. (2018). Maladaptive Interpersonal Dependency in Relatıons: A Case Study. *Osmangazi Journal of Educational Research, 5*(2), 71-77. Retrieved from http://ojer.ogu.edu.tr /vol5no1/Number2Autumn/OJER-V5-N2-1.pdf

Submitted: 31.08.2018 **Revised:25.09.2018** **Accepted: 03.10.2018**

Maladaptive Interpersonal Dependency in Relations: A Case Study

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Abstract

The aim of this study is to explain the concept of maladaptive interpersonal dependence, the effects of this concept on psychological health and its reasons, to analyze the relationship between maladaptive interpersonal dependence and attachment theory, and to analyze all these variables on a case report. The variables mentioned are presented in headings and examined in theoretical terms. After the theoretical part, the eight-week psychological counseling process with a female client who exhibited maladaptive interpersonal dependency symptoms is summarized in the light of the topics reviewed and the related literature.

Keywords

Interpersonal dependency, maladaptive, relations

Maladaptive interpersonal dependency (MID) is defined as a dysfunctional character pattern characterized by support, care and orientation expected from others when the individual does not need it (Bornstein, 2012). There are cognitive symptoms of MID (negative thoughts about the self and excessive positive thoughts on others, etc.), emotional symptoms (fear, anxiety, fear of abandonment, etc.) and behavioral symptoms (passivity, punishment, seeking for approval, etc.) (Bornstein, 2012).

The symptoms characterized by MID and dependent personality disorder are as follows (Eryılmaz, 2016):

- Difficulty in decision-making in daily life
- Avoid taking responsibility in many areas of life and expect others to take responsibility

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- Feel the need for approval
- Difficulty in starting a project or a task
- Excessive need to receive care and support from others
- Not able to be alone
- When a close relationship ends; to excessively want a new close relationship which provides support and care
- To experience extreme fear of separation

MID and Psychopathology

MID and related behaviors play an important role in the development of psychopathologies such as depression, social anxiety, panic disorder, eating disorders, substance use, borderline personality disorder and especially dependent personality disorder diagnosed in DSM-V (Cogswell, Alloy, Karpinksi & Grant, 2010; Disney, 2013). Studies have been carried out to reveal the relationship between MID and self-harm tendency and suicide attempts (Klonsky, Oltmanns & Turkheimer, 2003; Loas et al., 2005). Individuals with MID tend to reduce their self-esteem and to increase the values of others. Although each individual is dependent on other individuals for a certain amount of help and support, the extreme rigidity of this limit of dependence harms the social life and close relations of individuals (Bornstein, 2005). Individuals having high level of dependence pay special attention to non-verbal signs and clues that evoke certain emotions in interpersonal relationships and experience sudden and excessive negative emotions in the face of any conflict or stress situation (Hammen, 2005). The fact that any friendship or romantic relationship tends to end or end is an intense concern for these individuals.

Causes of MID

The oldest theoretical approach to the causes of MID is based on Freud's Psychosexual Development Theory. This theory suggests that individuals who have had fixation in the oral period exhibit dependency behaviors during adolescence and adulthood (Bornstein, 2011). The basic assumption here is to try to compensate the sense of deficiency as a result of not meeting the need for nutrition, support and confidence to be met in the oral period. According to the Theory of Object Relations, which is another psychodynamic theory, individuals exhibit dependency behaviors in the following years by searching for attachment objects in order to compensate their needs which are not met in infancy. Postmodern psychodynamic theories explain MID with maladaptive schemas by combining psychoanalytic elements and cognitive elements. It is stated that parental attitudes that individuals are exposed to during developmental processes form such maladaptive schemas as weakness, helplessness and vulnerability to harm or illness, and these maladaptive schemas are effective in MID (Baker, Capron & Azorlosa, 1996).

In the 1960s and 1970s, new ideas emerged about the effects of behavioral theories and social learning theories on the formation of MID. Social learning theories describe MID as a pattern of behavior learned as a result of interactions experienced more than a situation driven by early experience. Studies focusing on traditional gender roles have found that women generally have more MID than men. Research has shown that the tolerance to dependency behavior in collectivist cultures (India, Japan, etc.) is higher than in individualistic cultures (America, England, etc.) (Cross, Bacon & Morris, 2000).

Attachment Theory and MID

The attachment patterns that individuals possess are the basis of interpersonal relations. The interactions between the baby and the primary caregiver will enable the baby to develop cognitive schemas which will be the source of the interpretation of the outside world in the following years. Continuous and consistent provision of the needs of the child will create a healthy and secure connection between the parent and the child by forming the schema that the external world is a safe place in the child's cognition. Secure attachment is necessary for a positive self-perception and positive perception of others. The repetitive behavioral patterns of the caregiver parent who is the attachment figure in the early childhood period constitute the mental schemas that the child will use against certain situations, expectations and beliefs, and these schemas create the internal working models that will shape the child's close and social relationships in the following years. These internal working models are automatically activated in situations that cause stress, anxiety and fear in individuals (Pierce, Baldwin & Lydon, 1997). According to this model, while the individual responds to certain situations in their social and close relationships, they are affected by the interaction patterns with the primary caregiver experienced in early childhood (Bowlby, 1979). Based on the provision of the needs of the baby, the schemas that he/she is valued and important, those in the vicinity are responsible and supportive and the environment is safe, occur in the baby's mind.

Attachment Styles

Ainsworth, Blehar and Waters (1978) have demonstrated a triple model of attachment in children with secure, resistant and avoidant attachment. Providing the child's needs and care with a consistently responsive parent is necessary to ensure secure attachment. In some way, these needs are not met and the caregiver parent shows insensitive or inconsistent reactions, causing anxious or avoidant attachment. Bartholomew and Horowitz (1991) explained that attachment in adolescence and adulthood differed from childhood, and formed a new model. The attachment styles in this model consist of self-image and the image of others, perceived as positive or negative, and as well as anxious and avoidant behaviors in relationships. Secure attachment, dismissive attachment, preoccupied attachment, and fearful attachment are the modes of attachment described in this model. Secure attachment includes positive self-image-positive perception of others. Dismissive attachment includes positive self-image-negative perception of others. Preoccupied attachment involves the perception of negative self-positive of others, and fearful attachment includes negative self-image-negative image of others. Individuals with secure attachment style exhibit a low level of anxious and avoidant behaviors in their relationships. Individuals with dismissive attachment style exhibit low levels of anxious and high avoidant behaviors in their relationships. They prefer to stay away from people in order to avoid possible negative experiences in their relationships. Individuals with preoccupied attachment style exhibit high levels of anxious and low levels of avoidant behaviors in their relationships. They desire to be close to others, to have close relationships, but they are quite skeptical whether others will give them the support and closeness they need. Individuals with fearful attachment styles exhibit a high level of anxious and avoidant behaviors in their relationships. They are overly insecure to others, and they refrain from being close in order not to face rejection and negative experiences. In adolescence, childhood attachment patterns change with the weakening of ties with parents. Internal working models, in which not only parents but others are perceived as important, begin to affect adolescents. Attachment is transferred from the parent to peers. Adolescents with resistant or avoidant attachment styles during childhood may also have preoccupied and fearful attachment style during adolescence. Individuals with preoccupied and fearful

attachment patterns have less social adaptation, have difficulties in regulating their feelings and thoughts, are not resistant to coping with stress, have problems in close relationships, have psychological symptoms, and these individuals tend to have more MID on interpersonal relationships.

Interactionist Perspective on MID

Bornstein (2005) presents a comprehensive model that explains interpersonal dependence cognitively and interactively. This model sees interpersonal dependence as a psychopathology driven by personal beliefs and expectations that the individual actively builds for a particular purpose, apart from being a situation that emerges as a passive reaction. According to this model, there are four components of MID: *cognitive elements* (others are able to control the consequences of situations and believe that they are strong but the individual is weak and unsuccessful), *motivational elements* (to be supported by others, to be approved, need to be directed in a particular way), *emotional elements* (to be anxious to be evaluated by others in his/her work) and *behavioral elements* (such as assurance, approval, guidance and assistance seeking and the tendency to surrender to others in interpersonal interactions). These four elements are activated as a result of triggering the helpless self-schema (HSS) of the individual. Various factors are effective in the development of HSS in individuals. These factors include overprotective, authoritarian parenting styles, gender roles and cultural norms. Overprotective and authoritarian parenting styles prevent the child from feeling successful in his / her learning life (Baker, Capron & Azorlosa, 1996). In cases where HSS is activated, the individual's support and safe-zone seeking behaviors are triggered. Feeling the need to get support from others, the individual will present himself in a variety of ways and use various strategies to get this support. The behaviors of individuals exhibiting MID vary from situation to situation, but the basic beliefs and motivations of these behaviors do not vary much (Morph & Rhodewalt, 2001).

Intervention to MID

The most core element focused on the therapeutic treatment of MID is the devaluation of oneself and the overvaluing of others. These individuals consider their feelings and thoughts unimportant while they rely on others' feelings and thoughts to sustain their lives (McClintock, Anderson & Cranston, 2015). The four-stage model offered by Overholser (1997) focuses on increasing self-efficacy and improving the autonomy of the individual. In the conscious-awareness based model created by McClintock, Anderson and Cranston (2015), the focus is on individuals to discuss their interpersonal problems, to create conscious awareness of their thoughts and feelings, and to be aware of interpersonal interactions. In the therapeutic process of MID, Eryilmaz (2015) focuses on the importance of the individual's rewarding himself for his goals, plans and actions, the need to face his fears and recognize his emotions, increase his communication skills and reduce his irrational thoughts.

Case

The client M. is a 21-year-old female university student. She had a chronic bronchitis disorder that started shortly after her birth and lasted until the second grade of primary school. During this time, she received a very intensive and continuous treatment. M. remembers a small part of this period, and does not remember most part of this period. M.'s oldest memories are shaped by recurrent disease and hospital experiences.

M. grew up in a collective type of family. Her family is engaged in agriculture. M. was in the same environment until she came to the university and moved from her hometown. Because of her illness in her childhood, the interest of her family and close relatives has always been with her. M. was a naive and fragile child during her primary

school years. Although her illness was healed in the second grade of primary school, her parents' fear, anxiety and protective attitudes continued in some way. These experiences have created a kind of vulnerability schema in M. She also has a secret rage against her family because she thinks that her family had wasted their lives for her. On the other hand, she blames herself for being a "trouble-maker child".

It is the problem of M. to excessively need a person who can get support in negative feelings such as a minor distress, sadness, anger and loneliness during her university years. She makes a transference her feelings related to her parents to her two friends who are older than her. When her relationship with these people is disrupted, this points to a period of depression for her.

M. is an individual who is highly loved by her environment, having high academic success, having duties in student club activities, but she perceives the situation different in order to confirm the schemas she has because of her early childhood experiences. She feels that she cannot handle the crises she has on her own individually. This is accompanied by feelings of worthlessness, weakness and not being loved. The perception of self-efficacy is low. Regardless of the degree of the problem, she is communicating intensively with her mother, sister or cousins on the phone, and she is experiencing intense emotional discharge and support.

Her past medical conditions caused a negative self-development in M. She considers others as supportive, caring, trustworthy and protective. It is possible to mention that M. has preoccupied attachment style. Although she has a high grade point average (GPA), she can live an autonomous life in her own and her social relations are actually good, she does not consider herself as an individual who can achieve them.

In M.'s eight-session psychological counseling process, the chronological life story was first examined. At this stage, *my MID story and I* and *reasons for my MID* (Eryılmaz, 2015) techniques were conducted. Factors leading to MID were analyzed. Infancy and childhood were questioned. Experiences until the end of primary school had a deep negative impact on her. Negative emotions related to this are expressed. Then, the links between the current situation and past experiences were tried to be established. It was tried to raise awareness about the motivations underlying the given MID reactions. Positive and negative feelings were expressed to the family. M. has been given assignments to express her various feelings and thoughts. At this stage, *behavioral control technique analysis* and *changing my negative beliefs technique* were applied (Eryılmaz, 2015). After the analysis of past experiences, psychological counseling practices have been made to decrease the MID of M. and increase self-esteem. *Looking at myself*, *solving my MID problems* and *autonomous self in relationships* techniques (Eryilmaz, 2015) have been applied on the client during this process. At the end of the process, improvement was observed in M.. According to her evaluation; she now sees herself as an optimist individual who can make decisions on her own and does not have to put someone at the center of her life. Her short, medium and long-term life plans were also questioned and partially structured and the eight-session psychological counseling process was terminated.

Discussion

While the classic modern perspective explains MID as reflection of negative and dysfunctional attachment patterns in early experiences and schemas of weakness and deficiency on adults' interpersonal interactions, the post-modern perspective explains this phenomenon as an event that the individual has actively constructed and provides him with certain gains (Bornstein, 2011). MID leads to serious loss of function in the daily life of the individual, has negative consequences in his / her academic and

professional life, and has a negative impact on psychological health (Klonsky, Oltmasnns & Turkheimer, 2003).

When the therapeutic approaches that are conducted to heal MID, it is emphasized the importance of the practices that increase the awareness of individuals about their MID causes, develop and support their self-efficacy, explain the function of MID for life and offer different perspectives to individuals (Bornstein, 2011; McClintock, Anderson & Cranston, 2015). At this point, it is possible to mention the importance of techniques to increase the awareness of individuals based on cognitive behavioral approach and techniques to increase the self-efficacy of individuals based on positive psychotherapy approach.

Similarly, early negative experiences have an impact on interpersonal relationships in the case. However, the individual maintains this systematically after a period of time and brings functionality to it by putting MID to the center of her life. In the process, the client's dysfunctional thoughts were changed, her strengths were emphasized, her autonomy was strengthened and she was tried to move from the dysfunctional cycle in which she positioned himself.

References

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange stiuation.* Hillsdale, NJ: Erlbaum.

Baker, J. D., Capron, E. W., & Azorlosa, J. (1996). Family environment characteristics of persons with histrionic and dependent personality disorders. *Journal of Personality Disorders, 10*(1), 82-87.

Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: a test of a four-category model. *Journal of Personality and Social Psychology, 61*(2), 226-244.

Bornstein, R. F. (2005). Interpersonal dependency in child abuse perpetrators and victims: A meta-analytic review. *Journal of Psychopathology and Behavioral Assessment, 27*(2), 67-76.

Bornstein, R. F. (2011). An interactionist perspective on interpersonal dependency. *Current Directions in Psychological Science, 20*(2), 124-128.

Bornstein, R. F. (2012). Illuminating a neglected clinical issue: Societal costs of interpersonal dependency and dependent personality disorder. *Journal of Clinical Psychology, 68*(7), 766-781.

Bowlby, J. (1979). On knowing what you are not supposed to know and feeling what you are not supposed to feel. *The Canadian Journal of Psychiatry, 24*(5), *403-408.*

Cogswell, A., Alloy, L. B., Karpinski, A., & Grant, D. A. (2010). Assessing dependency using self-report and indirect measures: Examining the significance of discrepancies. *Journal of Personality Assessment, 92*(4), 306-316.

Cross, S. E., Bacon, P. L., & Morris, M. L. (2000). The relational-interdependent self-construal and relationships. *Journal of Personality and Social Psychology, 78*(4), 791-808.

Disney, K. L. (2013). Dependent personality disorder: A critical review. *Clinical Psychology Review, 33*(8), 1184-1196.

Eryılmaz, A. (2015). *Bireyle psikolojik danışmada sık karşılaşılan psikolojik sorunlara müdahale ve kendi kendine yardım kitabı [The book of self-help and intervention to psychological problems that are common in individual psychological counseling]*. Ankara: Pegem.

Hammen, C. L. (2005). Stress and depression. *Annual Review of Clinical Psychology, 1*, 293–319.

Klonsky, E. D., Oltmanns, T. F., & Turkheimer, E. (2003). Deliberate self-harm in a nonclinical population: Prevalence and psychological correlates. *American Journal of Psychiatry, 160*(8), 1501-1508.

Loas, G., Corcos, M., Perez-Diaz, F., Verrier, A., Guelfi, J. D., Halfon, O., ... & Jeammet, P. (2002). Criterion validity of the interpersonal dependency inventory: a preliminary study on 621 addictive subjects. *European Psychiatry, 17*(8), 477-478.

McClintock, A. S., Anderson, T., & Cranston, S. (2015). Mindfulness therapy for maladaptive interpersonal dependency: A preliminary randomized controlled trial. *Behavior Therapy, 46*(6), 856-868.

Morf, C. C., & Rhodewalt, F. (2001). Unraveling the paradoxes of narcissism: A dynamic self-regulatory processing model. *Psychological Inquiry, 12*(4), 177-196.

Pierce, G. R., Baldwin, M. W., & Lydon, J. E. (1997). A relational schema approach to social support. In G. R. Pierce, B. Lakey, I. G. Sarason, & B. R. Sarason (Eds.), *Sourcebook of social support and personality* (pp. 19-47). New York: Plenum Press.

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