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The Relationship Between Dependency, Gender, and Personality Style as it Impacts Adolescent Inpatient Depression

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THE RELATIONSHIP BETWEEN DEPENDENCY, GENDER, AND PERSONALITY STYLE AS IT IMPACTS ADOLESCENT INPATIENT DEPRESSION

by

Cathy L. Kubik

A Dissertation
Submitted to the Faculty of The Graduate College in partial fulfillment of the requirements for the Degree of Doctor of Education
Department of Counselor Education and Counseling Psychology

Western Michigan University Kalamazoo, Michigan December 1993

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THE RELATIONSHIP BETWEEN DEPENDENCY, GENDER, AND PERSONALITY STYLE AS IT IMPACTS ADOLESCENT INPATIENT DEPRESSION

Cathy L. Kubik, Ed.D.
Western Michigan University, 1993

The role of dependent personality traits in increased vulnerability to depression has been studied extensively. However, this issue remains controversial, and limited research has been done involving adolescent inpatients. In addition, limited research has been done regarding the possible interaction effects of gender and level of dependency upon depression and specific depressive symptoms in an adolescent inpatient population.

In this study, 92 inpatient adolescents from a private, not-for-profit psychiatric hospital had completed both the Millon Adolescent Personality Inventory (Millon, 1976, 1982), and the Multiscore Depression Inventory (Berndt, 1986).

One group consisted of 46 adolescents who had been rated as high on dependent personality traits. The second group, the control, consisted of 46 randomly selected subjects who had rated low on the dependent personality traits.

Using both one-way and 2 X 2 ANOVAS, no significant
differences were found between the high dependency and
the low dependency groups' measure of overall depression-
-regardless of gender. However, significant differences
were found for some of the specific depressive symptoms
based upon either level of dependency, gender, or depen­
dency X gender interaction effects. Significant findings
related to prominent personality styles associated with
severe depression were also discovered.
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The relationship between dependency, gender, and personality style as it impacts adolescent inpatient depression

Kubik, Cathy L., Ed.D.
Western Michigan University, 1993
ACKNOWLEDGMENTS

This work is dedicated to:

My first family— including the Strawsers, Baurs, and the Janet Price family. Special thanks for your care of Samantha throughout this long process. All of you provided both emotional and financial support which was crucial to my finishing my research and my degree.

My clinical supervisors, who throughout the years of my training helped me think through and integrate dependency-autonomy issues in my work as a psychologist. Special thanks to Jim, Wayne, Diana, Russ, Wendy, and Marianne.

My doctoral committee members: Diane Prosser, Ariel Anderson, and particularly my chairperson, Ed Trembley. Thanks too, to Bill Carlson for having served on my committee for the time before his retirement.

The Stone Center Study Group: Jane, Pat, Heidi, Lindsay, Judy, Michelle, Janet and Chris. You all helped me become clear on the central importance of gender issues and how those issues are fundamentally linked to dependency issues.

My Pine Rest co-workers for their support and sanity-saving humor as I worked on this dissertation. Special thanks to Chris, Bill, Norma, Jeanne, Gord, Lynn,
Acknowledgments—continued

Cindy, and Sherry.

My typist, June Ludy-Klink for all of her patience and very hard work.

THE GROUP and my second family--Scott, Mary, Wil, Steve, Paul & Jim. My first experience with a family of choice. Thanks especially to "the guys" for helping me better understand the "other half" of gender issues. Words fall hopelessly short. Special thanks to Jim. (See the unabridged version, eh?)

The annual "APA Group" and the Pine Rest Women’s Issues Group. Thanks to all of you for continuing to ask and make suggestions about my dissertation. You all helped me not give in to giving up.

To Mark Pantle, my testing mentor and one-man dissertation support squad. You helped me every step of the way, and your encouragement, humor, ideas, and "kicks in the pants" made all the difference in the world.

To Bill Schirado and the CCPGM group. I could not have done this work without you both.

To my two best graduate school female friends--Janet Tarkowski and Denise Twohey. Your support, wisdom, and courage-by-example contributed immeasurably to this work. Denise, you were my first inspiration as a woman psychologist.

And finally, to my daughter Samantha. Read the
"little book", that if there was room, would have gone in the front of this "big book." You taught me more than anybody, Sam, about what's most important about dependency and being your own person. I hope this work and my degree is ultimately a gift from me to you.

Cathy L. Kubik
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CHAPTER I

INTRODUCTION

This study is an investigation of the relationships between hospitalized adolescents' strong and frequent needs to depend on, and submit to others, and depression, as measured by the Multiscore Depression Inventory (MDI; Berndt, 1986). Also of central importance in this research is an examination of how depression might be effected by the interactions between dependency, as measured by the Millon Adolescent Personality Inventory (MAPI; Millon, Green, & Meagher, 1982) and gender, as well as how depression may be related to specific personality subtypes.

A core issue of the research is to determine if adolescents who report strong needs to rely on others for support, approval, affection, and direction are statistically more likely to report significant depression, than their counterparts who have been identified as scoring below the norm on dependency needs.

A second issue of this research examines how gender might affect both high and low dependency adolescents' depressive symptoms and their subjective experiences of an overall level of depression. Also of interest is whether or not gender interacts with levels of dependency.
to affect depression and depressive symptoms.

A third area of this research is to identify what patterns of personality styles, as measured by the MAPI, are associated with both high and low levels of dependency, and the presence of significant depression in both male and female adolescents.

In relation to the findings of these three research questions, the discussion offered in Chapter V will examine how differing definitions of, and differing value judgments about dependency might impact psychologists' work with clients of both genders.

The research investigates the relationship between dependency and depression in an effort to bring greater clarity to existent disagreements about: (a) a verifiable, predictable relationship between strong dependency needs and depression; (b) the relationship between dependency issues and gender with regards to increased risk for experiences of depression; and (c) for both males and females, what personality styles or combinations of personality styles might be most frequently associated with high and low levels of dependency, when there is evidence of significant depression.

The definition of dependency, and the possible meanings assigned to experiences of dependency by both clinician and client in relation to the client's depression will be examined in both the literature review
(Chapter II), and in the discussion of the results (Chapter V) of this research.

This chapter includes a statement of the problem, the significance of the problem areas, descriptions of the research questions, definitions of key terms, and the study’s limitations.

Statement of the Problem

The problems examined in the research are: (a) Is there a greater than chance relationship between strong dependency needs and depression? (b) Does the relationship between dependency and depression differ according to gender? (c) Are certain personality style patterns, as measured by the two highest, significantly elevated MAPI personality style scales, frequently associated with either high or low levels of dependency, and significant depression? If so, what might those personality styles be, and are there differences related to gender?

These problems are addressed by the statement of three research questions, which frame the direction of this research.

The first research question examines the relationship between depression and dependency in hospitalized adolescents. Although the relationship between dependence and depression has long been of interest, a review of the recent literature revealed considerable disagree-
ment among mental health professionals about whether or not there is a verifiable predictable relationship between the two experiences.

One aspect of this disagreement seems to center around a lack of consensus and perhaps confusion regarding the very concept of dependence, and what constitutes dependent behavior. Yet only a limited number of investigators have explicitly acknowledged that multiple definitions and differing value judgments regarding dependence appear in the psychological literature. In the past, the majority of social scientists appear to have conceptualized dependency as synonymous with helplessness, immaturity, or regression.

More recently, however, a number of theorists and clinicians have come to question those conceptualizations of dependency. For the most part, the suggestion to re-examine the role of dependency in psychological maturity has been raised by individuals associated with both object relations and feminist schools of thought. For example, Birtchnell (1984) stated, "the confusion that exists in the literature reveals the elusiveness of the concept of dependence and the difficulty arriving at a satisfactory definition of it" (p. 223). Some authors (Birtchnell, 1984; Hamilton, 1988; Kaplan, 1986; Kegan, 1982; Stiver, 1984; Surrey, Kaplan, & Jordan, 1990) have questioned either the variety of definitions, or the
pejorative connotations placed upon dependency described by authors adhering to a traditional view of dependency.

The second research question concerns the relationship between hospitalized adolescents' levels of dependency and gender, and how high and low levels of dependency might interact with gender to affect a global measure of depression, as well as various symptoms contained within a multi-dimensional measure of depression. In the last 15 years, there has been a significant increase in the exploration of gender differences in a number of psychological experiences, including depression, as well as how sex role socialization regarding dependency issues may relate to an increased risk of depression (Arieti & Bemporad, 1978; Baker Miller, 1976; Beckham & Leber, 1985; Funabiki, Bologna, Pepping & Fitzgerald, 1980; Gjerde, Block & Block, 1988; Hirschfeld, Klerman, Clayton, Keller, & Andreasen, 1984; Kaplan, 1986; Maffeo, Ford, & Lavin, 1990; Stiver, 1984; Wetzel, 1978; Wortman, 1981). For example, Overholser, Kabakoff, & Norman (1989) found that subjects defined as both dependent and depressed were more likely to be women. Brouillard's (1992) review of the literature indicated that the female to male ratio of treated depression in the United States is about 2:1.

The third research question investigates the relationship between dependency, gender, personality style
patterns, and depression. The research relies heavily on the Millon Adolescent Personality Inventory (MAPI; Millon, Green, & Meagher, 1982), as the primary measure of both levels of dependency and personality subtypes. A review of the MAPI research found that "only a handful of published articles and presented papers, and an occasional doctoral dissertation have made up the body of MAPI research to date" (Pantle, Evert & Trenerry, 1990, p.674).

Cansler (1986) also noted a relative lack of research on the MAPI, despite having judged the MAPI to be a well-constructed test. Cansler (1986) suggested that because the MAPI requires computer scoring, practical and financial issues may have limited both its clinical and research related use.

However, Piotrowski and Lubin (1990) reported survey data from health psychologists, which indicated that at least 30% of the members of Division 38 of the American Psychological Association utilized the MAPI. Tracy (1986) indicated that the MAPI has limited Axis I symptom identification capability, and that it tends to under diagnose psychopathology in clinical populations. This is predictable, however, given that the test was designed primarily to assess personality (Axis II) patterns.

However, depression is a specific Axis I syndrome that has received some attention in the MAPI research.
Watchman (1986) reported that personality style was a salient factor in determining depressive subtypes in adolescents.

Despite its growing use, the MAPI has received scant research attention—particularly in comparison to its adult targeted counterpart, the Millon Clinical Multiaxial Inventory (MCMI; Millon, 1982). Unlike the MCMI, the MAPI is specifically designed to assess the interaction between personality style, the developmental changes of adolescence, and psychopathology.

The MAPI research that has been conducted, however, has tended to yield consistent results. Elevations on MAPI scales 2 (avoidant) and 8 (passive-aggressive) were found to be associated with emotional disturbance in adolescence (Fons, 1988; Green, 1986; Kashani, Strober, Rosenberg, & Reid; Levine, Green, & Millon, 1986). High scores on MAPI scale 6 (antisocial) have been found to be related to anger and irritability (DiGiuseppe, 1988; Green, 1986). Trenerry, Pantle, & Zimbleman (1988) examined significant elevations on the Rorschach Depression Index (DEPI; Exner, 1986) in a psychiatric inpatient population. Trenerry, Pantle, & Zimbleman (1988) found that elevations on MAPI scales 2 (avoidant) and 3 (dependent) were positively correlated with the Rorschach’s DEPI; however, elevations of MAPI scales 4 (histrionic), 5 (narcissistic), and 6 (antisocial) were negatively
correlated with the Rorschach Depression Index.

Watchman's (1986) study points to the likely efficacy of utilizing the MAPI to differentiate subtypes within a range of depressive experiences. Watchman (1986) reported that depressed adolescents with a 2-8-3 (avoidant, passive-aggressive, dependent) MAPI code type were described as anxious, moody, and distressed. Depressed adolescents with elevated antisocial and passive-aggressive personality style scales (a 6-8 MAPI two-point code type) were more likely to behave in an aggressive fashion; and, depressed adolescents with elevated 1-3-7 (schizoid, dependent, and obsessive-compulsive) MAPI scales were assessed to be passive, conforming, and tending to deny distress.

Others (Arieti & Bemporad, 1978; Blatt, Quinlan, Chevron, McDonald & Zuroff, 1982; Kegan, 1982; Zuroff & Mongrain, 1987) have also posited distinctive subtypes of depression—for both adolescents and adults.

Differences in depression related to gender, to specific personality style/patterns, or both, for inpatient adolescents take on greater significance given the recent expanded awareness about the salient roles of gender and developmental phases as they relate to such ubiquitous psychological experiences of depression and dependency.

A final clinically significant issue implied by this
study is the utility and possible clinical limitations of a quantitative assessment of dependency without a full understanding of the range of meanings that both clients and clinicians place upon experiences of dependence.

Whether or not Millon's definition might be too narrow, and thereby possibly perpetuate clinically-negative connotations to the term dependence, will also be discussed. However, at the present time, the MAPI is one of the few well-constructed and widely-recognized, objective personality instruments that attempts to describe and measure dependency and relate that to manifestations of psychopathology in adolescents (Bornstein, Manning, Krukonis, Rossner & Mastrosimone, 1993). The proposed data analyses will not address the more subjective question of the value judgements that appear to underly MAPI personality style scale three. Rather, this issue, and the importance of investigating and working with the unique meanings that each client gives to their own experiences of dependence will be examined in the context of the literature review completed as a part of this study, and within the discussion section of the dissertation.

Significance of the Problem

Given research findings (such as those of Fons, 1988; Green, 1986; Trenerry, Pantle, & Zimbleman, 1988;
and Pantle, Evert, & Trenerry, 1990), that demonstrated a link with depression to certain personality style patterns as measured by the MAPI, there appeared to be adequate reason to further investigate how dependency, gender, and personality patterns (as measured by the MAPI) might relate to measures of depression. Furthermore, correlations have been found between a projective measure of depression, the Rorschach, and significant elevations of the MAPI scale 3 (dependent pattern).

In addition, there is a growing body of literature intended to clarify the reasons that females are more likely to experience depression than males. Several feminist and neopsychoanalytic authors (Baker Miller, 1986; Eichenbaum, & Orbach, 1983; Gilligan, 1982; Horney, 1967; Kaplan, 1986; Stiver, 1984; Surrey, Kaplan, & Jordan, 1990) have pointed to the historical devaluation of women and to those aspects of the total human psychological experience that have been arbitrarily assigned to females. Dependency was characterized as a prototypical process subject to psychologically defensive splitting that contributes to significant, culturally-reinforced distortions within both genders’ conscious experiences and values about their own and the opposite gender’s feelings, needs and goals. Male projection of dependent traits upon females, as well as exaggeration of the dependent nature of females, has been described as male
attempts to gain, and then protect a sense of psychological and political safety (Miller, 1976; Stiver, 1984; Surrey, Kaplan, & Jordan, 1990).

However, several authors have noted the high psychological cost of either splitting off or distorting dependency issues for both males and females. The penalty that females pay for taking on roles related to exaggerated dependency has often been a decreased sense of agency, self-worth, and trust in one's own experiences. This type of disconnection from self is often associated with an increased vulnerability to depression. (Miller, 1976; Eichenbaum & Orbach, 1983; Gilligan, 1982; Greenspan, 1983; Kaplan, 1986; Stiver, 1984).

For males, the cost of denying their natural dependency needs has been characterized as leading to a greater likelihood of failure to own and express feelings beyond anger; to workaholism; to alcoholism; and, to a reduction in male life expectancy (Bly, 1990; Farrell, 1986; Meth & Pasick, 1990; Schneider, 1992).

The above-cited male and female authors have stressed that it is not the devalued and shamed aspects of the human personality that are problematic in and of themselves; rather, it is the distortion, denial, or shaming of natural and valuable human qualities that has led to a series of complex, defensive operations that block both a felt sense of personal clarity and personal

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growth.

How gender and specific personality styles (such as a dependent personality style measured by MAPI scale 3, or the other specific personality style/patterns measured by the MAPI) might relate to the client's subjective experiences of, and to the clinician's judgements about, both dependency and depression could have important implications for how psychologists assess and treat clients who are struggling with problems related to depression, dependency, or both. The need for treatment providers to clearly differentiate factors related to their own and their clients' gender, personal views of dependency, societal messages regarding dependency, and personality style patterns, seems important if optimal treatment is to proceed. If psychologists are not conscious of their own stance toward gender-linked dependency issues, and how that agrees or conflicts with their client's and their culture's stance toward those issues, it will become more difficult to manage the therapy in the service of the client. Unconscious working through of one's own issues related to gender identity and dependency issues seems less likely if the therapist does the work consciously, outside the therapy hour.

Helping both male and female clients to neither deny nor exaggerate dependent aspects of self or the opposite gender, could have direct bearing on healing the distor-
tions often involved in depressive episodes.

Research Questions and Related Hypotheses

There are three specific research questions and related hypotheses (which are specified in Chapter III) addressed in this study. They are:

Research Question One

Will adolescents, regardless of gender, who report strong needs to depend upon others for approval, affection, or direction, be more likely to suffer from depression when compared with adolescent counterparts who report below the norm dependency needs? In other words, is there a greater than chance relationship between: (a) high levels of dependency [as measured by the Millon Adolescent Personality Inventory’s personality style scale 3 (dependency)] and, (b) depression (as measured by the Multiscore Depression Inventory’s Full Scale score), regardless of gender, based upon a comparison with a control group of adolescents who scored below the norm (or relatively low) on the same measure of dependency?

Research Question Two

Also, are there interactions between gender and either high, or low, levels of dependency that significantly affect a global measure of depression? Also, are
there interactions between gender and either high, or low, levels of dependency that are more likely to be related to specific depressive symptoms as measured by the ten Multiscore Depression Inventory's subscale scores? In other words, is there a greater than chance interaction effect between levels of dependency, and gender that can be related to specific depressive symptoms?

Research Question Three

What are the frequencies of various MAPI code types with all four groups of interest: high dependency females, high dependency males, low dependency females, and low dependency males? In other words, are specific personality styles or patterns of personality styles identifiable for both genders with regard to either high or low levels of dependent traits, and significant depression?

Finally, the discussion section will address the question of whether or not the long-held, traditional views of the relationship between both dependency, psychological maturity and the likelihood of depression, may continue to affect clinicians' understanding or interpretations of instruments attempting to measure problems related to dependency, depression, or both. Thoughtful consideration of how both theories and psychometric research regarding the relationships between
dependency, gender, and depression, might affect clinical work, seems important for both clients and clinicians.

Currently, the literature contains contradictory conclusions regarding the predictability of a relationship between dependency and depression, and how, or if, gender affects that relationship. It seems likely that both genders might be at increased risk for depression if experiencing strong needs for support, affection, or approval, given our society's pervasive valuing of independence and autonomy. Such strong needs could lead to either internal conflicts regarding one's own dependency needs and societal messages about those needs, or to punitive responses from others if openly acknowledged.

While intuitive judgment might lead to the conclusion that both genders would be more vulnerable to depression if acting in a submissive or self-denying manner, it may still be that women are less likely to experience this behavior as either negative or as gender-dystonic. Females, therefore, may be less likely than their male counterparts to feel depressed when feeling dependent.

While society may give more permission for women to experience themselves as dependent, and to act in a dependent fashion, there are also many real and powerfully self-negating socio-political consequences for certain dependent behaviors; for example, lower paying jobs, less
economic security, or more exposure to physical and/or sexual abuse. This may result in more females feeling depressed when they behave in a dependent manner than their male counterparts, who, as a group, enjoy certain culturally sanctioned advantages and status.

In terms of Millon’s equation of dependency with helplessness and submissiveness, one might expect that the inherent destructiveness of frequent self-denial and the view of self as ineffective or powerless would lead to some form of psychopathology. Whether or not that pathology, in comparison to denial or minimization of dependency, would more likely take the form of depression remains open to investigation.

Definition of Terms

Dependence

Millon defined dependent traits as including clinging helplessness and the avoidance of initiative and self-determination. Subordination of one’s own desires and identity in the service of attempting to gain self-esteem via the approval and support of others can lead to submission, being abused and intimidation. Allowing others to assume the responsibility for major area’s of one’s life, characterizes the behavior of highly dependent individuals. To be considered as highly dependent,
subjects had a base rate score of 75 or greater on scale 3 (dependency) of the Millon Adolescent Personality Inventory (MAPI). To be considered as low, or below the norm, with regards to dependency, adolescents had a base rate score of 49 or below.

**Depression**

The term depression in this study will refer to unipolar depressive syndromes as characterized by the DSM-III-R. Symptoms could range from dysthymic to major depressive levels. Symptoms had to occur within the same two-week period, if an episode of major depression or, must include depressed or irritable mood for a one-year period (that could not include a longer than two-month remission of mood disturbance), if a dysthymic disorder.

Specific symptoms would include: prominent blue, down or sad mood; low energy or chronic tiredness; feelings of inadequacy; decreased attention, concentration, or ability to think clearly; social withdrawal; loss of interest or enjoyment in pleasurable activities; irritability or excessive anger; pessimistic attitude toward future, past, and/or current events; feeling slowed or restless; an inability to respond with pleasure to praise or rewards; excessive guilt; tearfulness, or recurrent thoughts of death or suicide.

In this study, significant levels of depression will
be measured by the Multiscore Depression Inventory (MDI; Berndt, 1986). An MDI Full Scale Score of 51 or above will be utilized to identify the presence of significant depression.

MDI Subscales

In this study, subscales will always refer to one or more of the 10 subscales of the Multiscore Depression Inventory (MDI), intended to measure different symptoms of depression: (1) Low energy level; (2) Cognitive difficulty; (3) Guilt; (4) Low self-esteem; (5) Social introversion; (6) Pessimism; (7) Irritability; (8) Sad mood; (9) Instrumental helplessness; and, (10) Learned helplessness.

Most MDI subscales are self-explanatory. Social introversion items relate to social isolation or avoidance of group activities. Instrumental helplessness refers to a perceived inability to make a difference in the amount of attention, support, love, or consideration one receives, despite actively trying to be a part of such interactions. Learned helplessness refers to a passivity related to a disbelief in the hope of trying to affect change for the better for oneself or one's circumstances.
MAPI Two-point Codes

The term "MAPI two-point codes" (or MAPI personality style scale subtypes) will always refer to the two highest clinically significant personality style scale scores. For example, a male member of the low dependency (comparison) group, may have a MAPI two-point code of 8-4. This means that his two highest, and significantly elevated MAPI personality style scales were scale 8 (passive-aggressive), and scale 4 (histrionic). A female member of the high dependency group may have a two-point code of 3-7. This means her two highest, and clinically significant MAPI personality style scales were scale 3 (dependent) and scale 7 (obsessive-compulsive). Another female member of the high dependency group may have a two-point code of 2-8; meaning the avoidant and passive-aggressive personality style scales were that subject's two highest and clinically significant MAPI personality styles.

Limitations of the Study

The results of this study would only be applicable to inpatient adolescent populations, similar in demographic characteristics to the subjects of this research. Further investigation of the nature of the relationships between dependency, gender, depression, and various per-
sonality subtypes would need to be done with other popu-
ulations before broadening any of the conclusions of this study.
CHAPTER II

REVIEW OF LITERATURE

A Proposed Link Between Submissiveness, Dependency, & Gender

Several authors (Arieti & Bemporard, 1978; Birtchnell, 1984; Klein, Harding, Taylor, & Dickstein, 1988; Millon, 1981; Newman & Hirt, 1983; Nietzel & Harris, 1990; and Zuroff & Mongrain, 1987) have posited a direct relationship between dependency and depression.

Arieti & Bemporard (1978) described a clear relationship between depression and loss, or threatened loss, that was followed by the adoption of a pattern of submissiveness to a dominant other. This pattern takes on the characteristics of living for the sake of the dominant other, or for obtaining that person's approval. Becoming dependent upon this dominant other as an almost exclusive source of gratification leads depression-prone individuals to give up their sense of self and self-determination.

Arieti & Bemporad (1978) also stressed that depression, especially in its most severe forms, occurs more frequently in women, than men. These authors viewed this as a direct result of culturally transmitted sexrole
socialization: "cultural factors predispose more strongly in girls than in boys all the mechanisms and interpersonal relations that lead to depression" (Arieti & Bemporad, 1978, p. 365).

Arieti & Bemporad (1978) also stated that women are often encouraged to be more helpless and/or submissive, but then are criticized and devalued for doing just that. "I could say that the culture at large enters into a conspiracy with woman's private conflicts, so that it is easier for her than a male partner to give up self-determination and personal power, and to indulge in masochism" (Arieti & Bemporad, 1978, p. 366).

Kaplan (1986) also discussed the more common female pattern of attention to, and investment in relationships and numerous studies supporting a higher incidence of depression in females. Unlike other authors, Kaplan (1986) emphasized how women's felt responsibility for many types of relationships (emphasis added) was likely to leave them more vulnerable to experiences of depression.

Describing what she saw as a "fundamental overlap between the central dynamics of depression and the key dimensions of women's psychological development" (Kaplan, 1986, p.2) Kaplan went on to describe what she believed was a strong link between the high frequency of depression, and females' primary source of motivation as
growth within relationship. Growth would have to involve mutuality, active and affective participation, and the participation in the development of others.

Kaplan (1986) noted:

Connection with others, then, is a key component of action and growth, not a detraction from, or means to one’s self-enhancement...Further, what is important is women’s sense of taking an active role in the process of facilitating and enhancing connections...Engagement in this process in turn fosters gradual evolution of a differentiated self, a self with its own clear properties, wishes, impulses, etc.—but, a self which achieved articulation through participation in, and attention to the relational process. Thus the growth of the differentiated self is commensurate with the growth of one’s relational capacities and relational network, from the earliest parent-child dyad to an increasingly complex, multifaceted web...

(Kaplan, 1986, p.3)

Kaplan proposed that it is when women are severely constricted in the full development of their relational capacities, and when women are strongly discouraged or punished for self-expression, that conditions are set up which lead to depression. Kaplan also believed: "In reality, the extent to which women can act and feel empowered by their relational capacities is highly dependent on the extent of societal and individual valuing of these strengths" (Kaplan, 1986, p.3).

Kaplan criticized those who failed to make a connection between what she saw as the four key elements of depression: the experience of loss; the inhibition of anger; the inhibition of action or assertiveness; and,
low self-esteem, and how the manifestation of these elements are influenced by gender-based, societal norms for development.

Kaplan (1986) also worked to distinguish these key elements from an image of dependence on a one-way caregiver/receiver relationship. Rather, she encouraged an understanding of women's loss as not just the loss of something that can be provided by another, but the loss of the chance to take part in a mutually-affirming relationship. Kaplan's (1986) view of the constriction of relationship capacities as a trigger to depression, differs from the more traditional view of "too much" relationship leading to dependency and hence depression.

Millon (1981), in contrast, clearly indicated a relationship between a more traditional view of dependence & affective disorders. Like Arieti & Bemporad (1978), Millon (1981) defined dependent persons as suffering from:

- a marked need for social approval and affection, a willingness to live in accord to the desires of others, and tendencies to be self-effacing, ever-agreeable, docile, or unable to draw upon themselves as a major source of comfort and gratification (Millon, 1981, p.107).

Millon also characterized such individuals as having a need to: "arrange their lives to ensure a constant supply of nurturance and reinforcement from their environment" (Millon, 1981, p.107).
Millon (1981) elaborated upon how such dependent individuals turn almost exclusively to external sources of sustenance, and thereby leave themselves vulnerable to the whims and sometimes the abuse by others in order to avoid self-determination and to guard against the experience of losing affection or protection.

Citing a strong fear of abandonment, Millon (1981) described dependent individuals as trying to make themselves so pleasing no one could possibly want to abandon them.

Except for needing signs of belonging and acceptance, they refrain from making demands on others. They deny their individuality, subordinate their desires, and hide what vestiges they possess as identities apart from others (Millon, 1981, p.107).

Millon (1981) concluded that persons with a dependent or submissive pattern to their personality were especially vulnerable to such Axis I disorders as the affective disorders, anxiety, dissociative (although infrequent), factitious, and obsessive-compulsive disorders.

Millon (1981) saw the most likely combinations of personality style patterns in individuals with a dependent personality as either a dependent-avoidant mixed personality, or a dependent-histrionic mixed personality. The former has become so apprehensive that she or he has acquired a pattern of withdrawing from social encounters; however, all the while feeling isolated, resentful upon whom one depends, and tense and unhappy. The dependent-
histrionic personality tends to attempt to maintain "an air of buoyancy" and handles fear of abandonment by being socially gregarious and superficially charming. Millon (1981) elaborated on this by stating:

She is admiring and loving, giving all to those upon whom there is dependence. The patient has learned to play the inferior role well, providing partners with the rewards of feeling useful, sympathetic, stronger, and more competent. There is often an active solicitousness of praise, a marketing of appeal, and a tendency to be seductive and entertaining (Millon, 1981, p.121).

Millon described the characteristic experiential history of such individuals as usually involving: excessive stimulation and nurturance experienced almost exclusively from one source; a retention of an exclusive attachment to mother during the time most children are practicing or developing competence; possible physical or temperamental obstacles, such as fear of new challenges, anguish when left alone, physical inadequacies, etc.; and, parental overprotection either elicited from parents, or resulting more from the parents' own anxieties about autonomy or mastery.

Millon (1981) believed dependent adults had been children who were actively discouraged from trying things on their own. Millon (1981) believed that such children mirror their parents' view of the child as weak or inadequate, and begin to believe they require special care and/or supervision.
Still other researchers have concluded much the same as Millon. Birtchnell (1984) stated that "dependence is a recognizable personality attribute which carries with it an increased predisposition to depression" (p.223). Klein et al. (1988) also found that persons suffering from depression had significantly higher scores than normal subjects on measures of both dependency and self-criticism as measured by the Depressive Experiences Questionnaire. These authors did state, however, that the dependency scale of this questionnaire could be subject to strong state-related effects.

In a similar vein, Liebowitz, Stallone, Dunner & Fieve (1979) conducted a study in which they concluded that measured aspects of personality may be quite state or mood dependent. They suggested that even mild depressive symptoms could contaminate the assessment of neuroticism in affectively ill patients. Millon (1981) gives much more weight to personality style influencing Axis I symptoms, than symptoms influencing measurement of personality style, however.

Newman & Hirt (1983) approached the question of the relationship between dependency and depression by examining cognitive style and its link to types of pathology. These authors cited Wilkin's 1965 conclusion that "when pathology occurs among individuals with a field-dependent cognitive style, inward directedness of aggression as
well as passivity, helplessness, and problems of dependence are characteristic." (Cited in Newman & Hirt, 1983, p.43). A field dependent cognitive style was defined as less differentiated than a field-independent style with respect to perceptual activity, intellectual functioning, and body-concept formation. Individuals with a relatively undifferentiated style were thought to have less distinct boundaries between their internal self-representations and the external world.

Newman & Hirt (1983) concluded that field-dependent subjects displayed a greater degree of depressive feelings irrespective of being presented with words categorized as aggressive, emotional, or neutral. The implication that these individuals labeled as "field-dependent" required others to provide a sense of self and well-being was clear, as was the link between dependency upon external objects and depression.

Nietzel and Harris (1990) conducted a comprehensive literature review pertaining to the two most common personality characteristics considered to promote vulnerability to depression. Describing one depression promoting characteristic of these in the traditional manner of intense needs for acceptance and love (in attempt to bolster or maintain fragile self-esteem), Nietzel and Harris (1990) also noted a second major path to depression. Describing this second path as excessive demands for
accomplishment and control accompanied by very stringent self-standards and relentless self-criticism, Nietzel and Harris (1990) traced the historical roots of both paths toward depression.

Describing the first path as one of excessive dependency, Nietzel & Harris (1990) noted dependent individuals have been described by Spitz in 1946 as "anaclitic" by Beck in 1983 as "sociotropic"; by Hirshfeld in 1977 as "interpersonally dependent" and by Arieti & Bemporad (1978) in terms of submission to a dominant other. Nietzel and Harris also described such excessive needs for interpersonal succorance to be inevitably frustrated, usually resulting in a desperate escalation of demands for support--often accompanied by denial of this neediness. These authors described the ambivalence of dependent individuals, by describing excessively dependent individuals as "pulling for friendly dominance from others", but then rejecting this to avoid becoming further convinced of how inadequate they are. Their rejection of help or direction is then seen as irritating to past and potential 'supporters'; thus, paradoxically resulting in the dependent individual receiving least what she or he craves most.

Combining excessive needs for autonomy or achievement into one general theme, Nietzel and Harris (1990) described how several well-known clinicians, including
Blatt, Beck, Frankl, and Arieti & Bemporad respectively have depicted such individuals as suffering from: introjective depression, autonomous depression, self-worth or ego-ideal depression, and dominant goal personalities.

Nietzel and Harris (1990) described such individuals in the following manner:

Travelers driven by an insistence on high-level goal attainment. Not just any goal will do. A premium is placed on meeting very stringent standards in order to maintain self-esteem...Failure to achieve the elevated goals or to maintain mastery over the environment results in self-criticism, guilt, feelings of worthlessness, and depression. These persons may be unremitting self-scrutinizers, made unhappy by their scrupulously accurate appraisals. (Nietzel & Harris, 1990, p.280)

Nietzel and Harris also noted that depressives are prone to become stuck in cycles that began with a pattern of self-focused derogation:

Crucial to this depressive cycle is the person's refusal to abandon goals that might be unobtainable. Rather than shift attention and effort to alternative goals, the depressed person remains mired in a futile pursuit of what he or she is convinced must be attained...Whether interpersonal or achievement goals stimulate more self-defeating perseverance remains an important empirical question...(emphasis added) (Nietzel & Harris, 1990, p.281)

After reviewing the related literature, which Nietzel & Harris (1990) characterized as a small data base, they concluded that the interaction between elevated dependency needs and negative social events was a uniquely pernicious combination when compared to high achievement/autonomy needs being met with failures.
An unanswered question remained, however, as to whether or not those with stronger interpersonal needs interpreted achievement setbacks as interpersonal threats, while extremely autonomous, achievement-oriented persons might convert personal problems into matters of failed accomplishment or potential threats to a strongly desired goal.

Attempts to Classify Depression Into Subtypes

As noted in part by Neitzel & Harris' 1990 review, several researchers (Blatt, & Zuroff, 1992; Blatt, Quinlan, Chevron, McDonald, & Zuroff, 1982; Kegan, 1982; and Zuroff & Mongrain, 1987, have endeavored to better understand the relationship between dependency and depression via attempting to identify consistently-discernable subtypes of depression. Blatt, Quinlan, Chevron, McDonald, & Zuroff (1982) attempted to demonstrate differentiations among types of depression. Their method was to not focus on signs or symptoms, but to look more closely at persons' subjective experiences of depression. Initially utilizing a normal population, Blatt et al. (1982) suggested two independent types of experiences of depression—dependency and self-criticism.

Utilizing the Depressive Experiences Questionnaire, these researchers found that judges who used independently written case records were able to differentiate to
a degree of significance those patients who were high on one, both, or neither of the factors of dependency or self-criticism. Building their research upon others' attempts to establish subtypes of depression, Blatt et al. (1982) noted that Beck had described an "autonomous" and a "socially dependent" mode of depression, and that Arieti & Bemporard (1978) distinguished between depression resulting from the loss of a dominant other versus the loss of a dominant goal. Grinker, Miller Sabshin, Nunn & Nunnally, in a factor analytic study, had identified a depressive subtype primarily concerned with feelings of deprivation and subsequent attempts to gain nurturance, while another distinct subtype focused primarily on feelings of guilt and attempts at restitution (cited in Blatt et al., 1982, p.114).

Blatt et al. (1982) concluded that the two most frequently utilized depression questionnaires (the Zung Depression Scale and the Beck Depression Inventory) were highly intercorrelated, and appeared to assess primarily the self-critical dimension of depression, and the dependency dimension only secondarily. Blatt et al. (1982) proposed that the Depressive Experiences Questionnaire assessed three major dimensions:

1) dysphoria and distress related to feelings of dependency and abandonment; 2) self-criticism and a sense of failure, worthlessness, and guilt; and, 3) efficacy or a sense of well-being. In discussing the third dimension, these authors stated: "factor
three, Efficacy, appears to have a different meaning for inpatients. In a clinical context, it seems to reflect a hypomanic denial of difficulties, particularly those deriving from issues of dependency" (Blatt et al., 1982, p.122).

Blatt and his fellow researchers concluded that "the psychological or subjective dimensions of depression may have greater utility in differentiating types of depression among inpatients" (Blatt et al., 1982, p.122).

Kegan (1982) also identified distinctive types of depression related to losses experienced as people move through a lifespan developmental process:

We detected three very heterogeneous, but nevertheless qualitatively different, kinds of depression:

Type A. The fundamental concern seemed to be the loss of my own needs, or an unhappiness at the increasing personal cost of trying to satisfy my own needs.
Type B. The fundamental concern seemed to be the loss of, or damage to, an interpersonal relationship.
Type C. The fundamental concern seemed to be a blow to self-concept, a failure to meet my own standard, perform or control myself as I expect to. (Kegan, 1982, p.267-268)

Kegan went on to conceptualize depression as "radical doubt" about how the individual and the world cohere, or how the person defines what is subject and what is object:

All theorists agree that the substrate of depression is loss. Ego psychology looks to loss of self; object relations theory to loss of the object; existential theory to a loss of meaning. When equilibrative activity is taken as the grounding phenomenon of personality, and depression is understood as a threat to the evolutionary truce, then depression must necessarily be about a threat
to the self and object and (since it is the relationship between the two which constitutes meaning) a threat to meaning as well. (Kegan, 1982, p.269)

Questioning an Exclusive Link Between Dependency and Depression

Kegan is clear that he views the issue of dependency and its relationship to depression differently than several of the authors previously discussed. He described what he viewed as "the two greatest yearnings in human experience" (p. 107); namely, the yearning to be included, close to, held, or accompanied, and the yearning to be independent, choose one's own directions, and experience one's distinctness. Kegan noted:

Psychologists with a special interest in women have suggested that male bias has led to an exaggerated and wrong-headed esteem for differentiation (which becomes associated with growth) and to the devaluation of integration (which becomes associated with dependency). Is it possible to evolve a model of personality development which takes into account not only both sides of this tension, but the tension itself? (Kegan, 1982, p.5-6)

Kegan went on to propose that his model of development recognized the "equal dignity of each yearning" (p. 108) and saw the model as offering a correction to the present developmental models that had unequivocally defined growth in terms of increasing differentiation, separation, and autonomy.

Encouraging psychologists not to lose sight of the fact that growth is also about integration, attachment, and inclusion, Kegan allied himself with such feminist
and inclusion, Kegan allied himself with such feminist theorists as Gilligan (1978) and Low (1978) who have questioned male value-laden views of maturity or growth as movement toward independence, while integration and inclusion become labeled as dependency and immaturity.

Kegan's model clearly emphasized that it is not dependence per se that leaves one especially vulnerable to depression. In his view, it is the loss of any evolutionary "truce"—whether this is a loss viewed as giving up one's need for (and sense of) inclusion or autonomy. Like Kegan, another group of researchers have questioned the traditional view of the relationship between dependency and depression. Wetzel (1978) studied fifty depressed and fifty nondepressed women between the ages of 21 and 67, after questioning the majority view of social scientists and clinicians, which she characterized as including dependence as a central attribute of depressed individuals.

Wetzel (1978) reminded her readers of three major themes she found in her review of the literature on depression:

1. As a clinical entity, depression has been extremely difficult to delineate. Theorists and researchers disagree often whether depression is primarily a psychic disorder, a psychological reaction to socio-cultural factors, or a physiologically-based disorder.
2. Central attributes of depressed individuals include dependence and feelings of helplessness, powerlessness, submissiveness, and worthlessness—all of which can be interpreted as reflecting dependence upon others.

3. Women are more likely to experience a serious depression in their lifetimes. Wetzel (1978) specifically stated the purpose of her research was to examine the relationship between depression and the concepts of independence and dependence. Wetzel examined dependency and independence as personality predispositions alone, and in relation to supportive environments as this applied to women.

In her study, Wetzel (1978) conceived of dependence as psychological reliance on other persons as primary sources of approval and help, characterized chiefly by how easily one is influenced, lack of interest in the world, lack of interest in self-development, and low risk-taking. Independence was defined as the psychological reliance on oneself as a primary source of approval and help, characterized chiefly by autonomous behavior—self-reliance, risk-taking, assertiveness, interest in the world, and interest in self-development. Wetzel (1978) also described subjective research she had done in which she found that independence and dependence are psychological predispositions that are not necessarily stable across environments. A person might be
quite dependent at home, and independent at work or vice versa.

Wetzel (1978) also hypothesized that for optimal functioning, people need congruence between their predispositions and sustaining environments. For example, those persons with predispositions toward dependence would prefer outer-sustaining environments, and persons predisposed toward independence would prefer inner-sustaining environments. Wetzel’s contention was that when a person’s predisposition was not congruent with her environment, she will be vulnerable to depression.

Utilizing the Moos Family and Work Environment Sub-scales, the Feighner Criteria for Primary Affective Disorder, and the Wetzel Independence-Dependence Scales, as well as structured interview techniques, Wetzel (1978) found that while most depressed women could be characterized as dependent and in environments that did not meet their needs, independent women in unsustaining environments were also found to be depressed. Wetzel concluded that this was a major finding since dependence alone had been generally thought to typify depressed persons.

Wetzel (1978) further elaborated her findings by pointing out that women in her study who were characterized as dependent, but not depressed, lived in environments that did not encourage autonomy and worked in environments that were high in clarity and control.
Likewise, nondepressed women characterized as independent perceived their family environment as autonomous; again, matching their predisposition or needs on the dependence-autonomy continuum. Wetzel’s study appears to support Kegan’s viewpoint, that it is not dependence per se that leads to depression, but the meaning the individual places on their view of inclusion or autonomy in relation to self and others.

Wortman (1981) in his study of poor, black, single female parents was one of the few researchers to suggest that depression may be directly related to denial of dependency needs:

It is typical of these women that they did not know they were depressed and ill; depression is a sneaky problem and catches people of all groups unawares. More significantly, they needed strenuously to deny their dependency needs and the impact of severe losses and trauma. The motto of these women was: Be strong (Wortman, 1981, p.664)

And further:

This analysis only begins to probe denial of dependency. As one black colleague pointed out, those who allowed into awareness wishes for succor when there was no one reliable to depend upon would then consider themselves stupid for courting disappointment (Wortman, 1981, p.664)

Stiver (1984) has also questioned the role and meaning of dependency in relation to mental health and female-male relationships. She was interested in examining why men and women both have trouble depending on one another, and which modes they adopted to both attempt to
obtain gratification and defend against gratification of their needs. Stiver (1984) was also the author who most clearly described the difficulty finding a nonperjorative definition of dependency. Having looked in the Psychiatric Glossary, the Glossary of Psychoanalytic Terms and Concepts, and reviewed the views of dependency from the perspective of major theoretical models, Stiver found various definitions. Dependency needs were defined as including: vital needs for mothering, love, affection, shelter, protection, security, food, and warmth; may be a manifestation of regression when they appear openly in adults. Stiver (1984) also found dependency needs described as synonymous with oral fixations; or, when used as an adjective as defined by Webster’s Dictionary, simply relying on or subject to something else for support.

Stiver concluded:

I could not find a clear or consistent differentiation between pathological dependency and normal dependency except for some ‘quantitative’ criteria [i.e., too dependent or needy] to describe disturbed states. Essentially the prevailing belief seems to be that dependency needs belong in childhood, and if these needs whatever they are, are not satisfied in childhood they continue to exert influences in a negative fashion, either in the form of counter dependent personalities, or more directly in the form of clinging, demanding, helpless personalities (p.2)

Stiver (1984) went on to propose that it was not requests for help or support that could be legitimately
identified as pathological, but maintained there would be problems for persons who ask for help in a way that makes it very difficult to respond effectively due to their communication of underlying rage at both self and others:

To ask for help with underlying hostility or with the conviction one does not deserve anything, or with fear of refusal, typically will result in failure to get one's needs fulfilled. There are others who ask for help in various guises, but are unable to take or accept the support and help offered them—a dynamic which also results in significant frustration and anger for both the person asking for help and the one attempting to respond. (Stiver, 1984, p.3)

Stiver (1984) clearly distinguished between human needs related to depending on others for support, assistance, or love and affection, and the dynamics that sabotage direct communication about, and personal acceptance of those dependency needs.

Another group of authors, who like Stiver are affiliated with the Stone Center research group, questioned traditional theoretical assumptions connected to dependency, boundaries, and the prevalence of depression in women. Kaplan (1986) and Jordan, Surrey, & Kaplan (1983 & 1990) have challenged the assumed link between empathic connection and loss of identity, and the validity of a psychological language that describes health in terms of separate selves, rationality controlling or eliminating experiences of strong affect, and "a cultural illusion of self-possession, self-reliance,
independence, and autonomy" (Surrey, Kaplan, & Jordan, 1990, p.3).

These women have suggested that perhaps discussion about disempowering or inauthentic relationships could replace discussions of "undifferentiated selves" and that "perhaps connection issues will replace the well-worn separation issues" (Surrey, Kaplan, & Jordan, 1990, p.3).

In discussing the research and theories related to male-female differences with regard to empathy and boundaries, Surrey, Kaplan, & Jordan, (1983) noted:

It is striking that in the sex differences in empathy, the major difference is the lower amount of vicarious affective arousal in males when responding to another's affective state. In other words, males and females are equally good at labelling and noticing different affective states in others, when they are motivated to attend to them. The motivational difference, generally overlooked in research, may in fact be crucial—that is, females typically are more motivated to attend to affective signals. In these studies, nevertheless, females demonstrate more emotional attunement and responsiveness to other's feelings—more feeling with the other. (Surrey, Kaplan, & Jordan, 1983, p.4)

This group of Stone Center authors went on to describe how this difference is likely related to the fact that boys need to switch their primary identification from the mother to the father, and that fathers are often either physically or psychologically absent. They proposed that due to greater father absence, "the child's identification with father is apt to be mediated by abstract or role-defined factors...may
be less particular, less affectively specific, and more generalized" (Surrey, Kaplan, & Jordan, 1983, p.5).

Citing male-female differences in empathy found in research, these women proposed that men appear to have more difficulty with the essential and necessary surrender to affect and momentarily joining with the other, as for them it is likely to be implicated as, or to be experienced as a loss of control, as a loss of objectivity, or as passivity.

On the other hand, problems for females related to empathy appear to more often be cognitively structuring the experience, or failing to develop self-empathy because the pull of empathy for the other is so strong. Women often experience strong guilt about claiming attention for the self, even from the self.

Moreover, these three Stone Center authors have challenged the very notions of "self" and "empathy":

The capacity to participate in mutually empathic relationships can replace the concept of the need for or the need to provide empathy. We have moved away from prior views of separate selves connected in momentary cognitive-affective lapses (i.e., empathy). Relationships are not seen as supports to individual development via unidirectional empathy and buttressing "self-objects", but rather as goals in themselves (emphasis added). (Surrey, Kaplan, & Jordan, 1990, p.3)

And

The word self has its own problematic connotations. It continues to suggest structure, containment, separation, and reunification. People
experience what I might call mutually unfolding particularities, but again, these are not isolated aspects of growth. Rather, this unfolding occurs only in relational process...As self recedes as the primary object of study, we are trying to describe relational processes which enlarge and deepen connections that empower all participants. Thus, I have moved away from self to self in relation to the movement for relation. Connection has replaced self as the core element or the locus of creative energy of development. This approach reverberates with the new physics of subatomic particles which exist only in relations, involve but do not contain each other (emphasis added). (Surrey, Kaplan, & Jordan, 1990, p.3)

Gender Differences in Prevalence and Expression of Depression

While the Stone Center authors can be characterized as questioning the very nature of dependence, and the relationship between the devaluation of dependent experiences and depression, another group of researchers (Gjerde, Block, & Block, 1988; Funabiki, Bologna, Pepping & Fitzgerald, 1980; and Hirschfeld, Klerman, Clayton, Keller, & Andreasen, 1984) have examined personality and gender-related differences in depression—both from the vantage points of etiology and of symptom expression. Hirschfeld et al., (1984) based a study on "a widely held clinical belief...that depression-prone people are characterized as having undue interpersonal dependency needs" (Hirschfeld et al., 1984, p.2). Citing Jean Baker Miller’s work, these researchers noted: "there are prevailing hypotheses concerning the psychology of women
which propose females in our society are socialized to be more interpersonally dependent than males" (Hirschfeld et al., 1984, p.212).

Hirschfeld et al. (1984) hypothesized that non-depressed women's scores on measures of interpersonal dependency and learned helplessness would be closer to those women who had recovered from unipolar major depression, than would the difference between the scores of nondepressed and recovered men. These authors found instead no significant gender difference on either interpersonal dependency or learned helplessness.

As a result, Hirschfeld et al. (1984) concluded that "personality features are unlikely to account for the prevalence difference in nonbipolar major depression in men and women" (Hirschfeld et al., 1984, p.219). Instead, these authors suggested that personality features may well account for gender differences in depressive symptomatology (emphasis added).

Examining gender differences in the depressive symptom expression of late adolescents, Gjerde, Block & Block (1988) first noted that following puberty, depression becomes more common, especially among girls. They also stated that adolescents sometimes express their depression through behaviors differing from the traditional manifestations of adult depression. These authors also stated: "Controversy persists over the relative contri-
butions of single personality attributes such as excessive dependency needs, absence of competence, and introversion" (Gjerde, Block & Block, 1988, p.475) toward the development of depression.

Citing Sroufe and Rutter's 1984 conclusion that depression in boys is often embedded in the context of conduct disturbance, while girl's depressive symptoms are turned inward, Gjerde, Block & Block (1988) investigated gender differences in the externalizing-internalizing balance. These researchers anticipated that their male subjects with depressive symptoms would manifest their internal unhappiness via overt action, hostility, and aggression, while female depressive tendencies would be an introspective concern with self and inadequate self-esteem.

Utilizing 87 eighteen-year-old subjects who had originally been recruited to participate in a longitudinal study of ego and cognitive development, Gjerde, Block & Block (1988) did indeed find significant differences between what distinguished depressed boys from nondepressed boys, and between what distinguished depressed girls from nondepressed girls. Specifically, the behavioral components that were different for depressed boys (in comparison with their nondepressed male counterparts) were: interpersonal antagonism, unrestraint, discontentments with self, and unconventionality.
There were three major factors that distinguished depressed females from their nondepressed counterparts: unconventionality, ego-brittleness, and rumination. Both depressed males and females shared the unconventionality factor; their only distinguishing commonality. For males, depressive symptoms were unrelated to self-esteem; however, in females depressive symptoms were significantly related to low self-esteem scores. Self-report and observers' descriptions agreed that depressed male subjects were more likely to be aggressive and alienated from their social surroundings. However, what was not recognized by observers were the boys' self-described feelings of being prone to worry, feelings of vulnerability, and lack of a sense of psychological well-being, which these depressed adolescent males experienced. In comparison to the male subjects, females were less likely to act on their world with externalized behaviors of hostility, interpersonal antagonism, or self-indulgence.

Interestingly, while observers did not rate the depressed girls as being aggressive or having poor interpersonal relations, the dysthymic young women pictured themselves as relatively aggressive, unrestrained and alienated. Gjerde, Block, & Block (1988) concluded that this discrepancy between how the young women felt and what they allowed others to see added credence to their hypothesis that young women withhold or internalize
depression-related feelings that are aversive to others.

Gjerde et al. (1988) also concluded that their male subjects responded to the instruments used as if they were measures of aversive affect such as generalized distress or anger. As a result, Gjerde, Block, & Block (1988) postulated that for male adolescents with depressive symptoms, depression may occur in response to frustrated agency and with resultant anger. Female adolescents’ depression may occur more in response to seemingly unattainable communion with others.

Regarding gender differences in the nature of interpersonal behavior and cognitive style when coping with depression, Funabiki, Bologna, Pepping & Fitzgerald (1980) demonstrated that men and women showed distinctly different patterns. Their results indicated that depressed women are more likely to engage in self-deprecatory statements, eat more, make more hostile statements, and express their feelings via writing more often than depressed males. Women also reported that they would be more likely to avoid social situations involving large groups; yet would be more likely to go to a close friend to discuss their problems.

Funabiki et al. (1980) like Gjerde, Block, & Block (1988) also found gender differences in how the individual attempted to cope with mild to moderate depression. Men appeared to be more likely to attempt to alleviate
depression by involvement in other activities, whereas women were more likely to cope with their depression at a cognitive level.

Summary of Literature Review

Central features of a review of the recent literature regarding the relationship between dependency and depression, and how gender might affect such a relationship, demonstrated a good deal of disagreement and a variety of value judgements.

Several authors (Arieti & Bemporad, 1978; Birtchnell, 1984; Klein, Harding, Taylor, & Dickstein, 1988; Millon, 1981; Newman & Hirt, 1983; and Zuroff & Mongrain, 1987) have emphasized a strong connection between feelings of dependency and depression. Others (Kaplan, 1986; Kegan, 1982; Stiver, 1984; Wetzel, 1978; Wortman, 1981) were found to question either the negative value placed on dependency experiences or the automatic or exclusive link between strong experiences of dependence and depression.

One particular school, the Stone Center, or the self-in-relation group of theorists, called into question basic concepts of self, boundaries, and autonomy. They also explored how gender differences likely have great impact on the psychological experiences of depression, empathy, psychological growth, and a sense of well-being.
Several authors (Arieti & Bemporad, 1978; Berndt, 1986; Blatt, Quinlan, Chevron, McDonald, & Zuroff, 1982; Kegan, 1982; Neitzel & Harris, 1990; Watchman, 1986) described distinctive subtypes of the depressive experience. Subtypes were proposed that could be related to sex-role socialization regarding: (a) issues of dependency and autonomy; or, (b) personality attributes whose expression or acknowledgement would be affected by gender-related influences.

Another distinct group of researchers (Liebowitz, Stallone, Dunner & Fieve, 1979; Pantle, Evert, & Trenerry, 1990; Pilowski, & Katsikits, 1983; Overholser, Kabakoff & Norman, 1989) concluded that measured aspects of personality may be quite state or mood dependent. They suggested that the assessment of personality pathology in affectively ill patients is quite complex, and both state and trait components of the depressive experience must be carefully considered. This group shared Kegan's (1982), Stiver's (1984) and Wetzel's (1978) conclusions that while interpersonal dependency may be a facet of some depressive episodes, not all persons experiencing depression displayed elevated levels of dependency. The degree of risk to develop depression when one experiences consistently strong dependent traits remains unclear, however.

Pantle, Evert, & Trenerry (1990) utilized the MAPI
to investigate the relationship of depression (as measured by the MDI) and personality style. They found that elevations on scales 2 (avoidant traits) and 8 (passive-aggressive traits) were positively related to elevations on MDI subscales. Trenerry, Pantle, & Zimbleman (1988) also found positive correlations between MAPI avoidant (2) and dependent (3) personality style scales and the Rorschach's Depression Index.

Watchman (1986) reported the MAPI to be useful in identifying distinctive subtypes of depressive experiences and symptomatology in adolescents. There appears to be consistent indication that the MAPI can be useful in determining the presence, and perhaps something of the nature of depressive experiences.

The need to clarify the connections or interactions between dependency, gender, and depression is evident. Helping clinicians recognize and think through their own assumptions and values regarding dependency issues and experiences of both genders, is an area of primary importance to sound clinical work. Psychologists' clinical work around issues of dependency, and the relationship between dependency and gender could greatly benefit from further research.
CHAPTER III

METHODOLOGY

Introduction

In this study, the relationship between high and low degrees of dependency, and depression in inpatient adolescents was examined. It seems important that the study of a possible relationship between dependency and depression should include gender as a variable. A number of studies suggest that gender is a major factor in determining the presence, or the nature, of a link between experiences of dependency and depression. For example, Overholser’s et al. (1989) study found that subjects defined as both dependent and depressed were more likely to be women. Brouillard’s (1992) review of the literature indicated that the female to male ratio of treated depression in the United States is about 2:1.

Recent research with the Millon Adolescent Personality Inventory (MAPI; Millon, Green, & Meagher, 1982) indicated that it can be of value in the assessment and understanding of adolescent depression and dependency (Ehrenberg, Cox, & Koopman, 1990; Pantle, Evert, & Trenerry, 1990; Watchman, 1986).
Attention was also focused on how both high and low self-reported levels of dependency, as defined by Millon, and gender might interact to affect specific depressive symptoms. What particular prominent personality styles might be found to coexist with either high or low levels of dependency and the presence of significant depression for both male and female subjects was also investigated.

Sample

The subjects for the proposed study were drawn from a population of former inpatients on adolescent units of a private, nonprofit psychiatric hospital. This was therefore, a retrospective study utilizing a data bank available for research purposes. Approval of this research by the hospital was attained on September 2, 1992. Approval of this research by Western Michigan University’s Human Subjects Institutional Review Board was attained on February 3, 1993.

Subjects were 92 adolescents between the ages of 13 and 18. All subjects had completed the Millon Adolescent Personality Inventory (MAPI) and the Multiscore Depression Inventory (MDI) during their first week of hospitalization between January of 1987 and August of 1990, as part of a standard hospital diagnostic procedure. All data is aggregate and subjects remain completely anonymous and are not identifiable in any way.
A potential pool of subjects had completed both a MAPI and a MDI. The total group of subjects who had completed both the MAPI and the MDI were 225 adolescents. Those subjects who were then found to have an elevated (a base rate score of 75 or above) MAPI scale 3 (Dependent personality style scale), were initially included in the study. Fifty-three of the 225 adolescents who completed both a MAPI and a MDI were found to have a base rate score of 75 or above on the MAPI’s scale 3. Seven subjects were then randomly eliminated from the original group of 30 female subjects who scored high on the MAPI scale 3 (dependent traits) in order to allow for equal numbers of subjects in each ANOVA cell. This was to ensure robustness of the statistic to be utilized to identify any potential significance in the relationship(s) between dependency, gender, and presence of depression and specific depressive symptoms.

A control (or comparison) group of 53 adolescents was then randomly selected from 139 (of the original population of 225 inpatients) adolescents who scored below the norm on dependent traits. The comparison group was selected by using the Random Number Table. A cut-off score of 49 on the MAPI scale 3 (dependent personality style scale) was suggested by Millon’s classification of any score below 50 on a MAPI personality style scale as below the median; and therefore, representing a relative
lack of a given trait. In this study, the trait of interest is dependency. Random elimination of low dependency subjects was also performed in order to reach equal numbers according to gender in each ANOVA cell.

In order not to violate the three basic assumptions of the ANOVA, which are: normality, homogeneity or variance, and independence of observations of the populations, whenever possible, the number of subjects in each ANOVA cell should be equal. This is to ensure that even if variances were found to be heterogeneous, that particular finding could be disregarded, and the statistical results would remain valid. As with the high dependency group, some subjects were randomly eliminated from the control group, strictly for purposes of ensuring an equal number of subjects in each ANOVA cell.

As previously stated in the literature review, Millon’s definition of dependency is associated with passivity, and characteristics of submissiveness, lack of initiative, concealment of anger, and lack of self-esteem.

**Instruments**

*Millon Adolescent Personality Inventory (MAPI)*

The Millon Adolescent Personality Inventory (MAPI) is a 150-item, true-false test. The MAPI has eight
Personality Style scales: (1) Schizoid; (2) Avoidant; (3) Dependent; (4) Histrionic; (5) Narcissistic; (6) Anti-Social; (7) Compulsive; and, (8) Passive-Aggressive. The MAPI also contains eight Expressed Concerns scales, and four Behavioral Correlates scales which will not be utilized in any way in the proposed research. The MAPI was developed for use with adolescents (ages 13 to 18) and requires a sixth-grade reading level. The MAPI raw scores are transformed into base rate scores (Millon, et al., 1982), which differ according to age group (13-15 and 16-18), and gender. A base-rate score of 75 on MAPI scale 3, the focus of this study, is equivalent to a raw score of 20 for males and 23 for females. The developers of the Millon Adolescent Personality Inventory have asserted that a base rate scoring system has the advantage of providing scores that are automatically cast into uniform cutting lines, whereas standard score transformations must be further translated into cutting lines (Millon, et al, 1982). On the MAPI a base rate score of 75 is considered indicative of the presence of a trait, whereas a base rate score of 85 or higher is considered indicative of the prominence of a trait.

Reliability estimates for retest stability and internal consistency have been done with the MAPI. For the MAPI personality style scales (the only scales of the MAPI used in this study), the median Kuder-Richardson
formula reliability coefficient is .74, with a range from .67 to .84. Reliability coefficients for the personality style scales generally range in the mid-seventies, well within acceptable reliability boundaries (Millon, et al., 1982).

Patterns of item-scale overlap are consonant with the theoretical expectations the MAPI was based upon. Scale intercorrelations and factor analysis studies have been performed, as have external correlate studies utilizing the California Personality inventory (CPI), the 16 Personality Factor Questionnaire (16PF), and the Edwards Personal Preference Schedule (EPPS). Internal-structural validity is congruent with the theories underlying the instrument. Item inclusion was achieved via agreement among six of eight clinicians experienced with the psychological traits of adolescents, who independently sorted items into appropriate categories, as well as via measures of internal consistency, true-false frequencies, and eliminating any item with a correlation of .30 or less. The median biserial correlation for all items for all MAPI personality style scales was .47.

**Multiscore Depression Inventory (MDI)**

The Multiscore Depression Inventory (MDI) is a 118-item, true-false test designed to measure severity of depression, and depressive features. It can be used with
adolescents (age 13 and older) and also requires a sixth-grade reading level. Raw scores are converted into standardized T-scores, which differ by age and gender. The MDI yields a Full Scale (or summary) score, as well as scores on the following 10 subscales: (1) Low Energy; (2) Cognitive Difficulty; (3) Guilt; (4) Low Self-esteem; (5) Social Introversion; (6) Pessimism; (7) Irritability; (8) Sad Mood; (9) Instrumental Helplessness and, (10) Learned Helplessness. The MDI (Beradt, 1986) was designed to measure a variety of depressive features, and has been shown to be sensitive not only to the presence of depression, but also to its severity in an adolescent inpatient sample (Pantle, et al., 1990).

The total score is the most reliable measure of depression, and is indicative of the severity of depression. Test-retest reliability indicates stability. (MDI; Berndt, 1986). Corrected item-total correlations for each item with its subscale, and with full scale score have been done, and range from .78 to .44, with a median correlation of .64. Subscale items do not overlap, and were derived using rigorous criteria from an original pool of over 900 items.

Raw scores are converted into both percentiles and standard scores (T scores). T-scores convert the raw score to a standard score with a mean of 50 and a standard deviation of 10. A T-score of 51 - 60 would
fall in the "minimal depression" category; a T-Score between 61 - 83 would indicate "moderate depression"; and, a T-score of 84+ would indicate "severe depression."

The MDI's author (Berndt, 1986) emphasized that the MDI alone is not intended to make a diagnosis of affective disorder, since a clinical interview designed to ascertain duration and periodicity of affective symptoms, and exclusion criteria such as organic brain impairment, (as well as a complete assessment battery) should be utilized before making a diagnosis.

However, the total MDI, as well as its subscales, were written to assess general mood, closer to trait rather than state phenomenon. The MDI is less sensitive to momentary fluctuations in affect and has greater relevance to less transient moods. The specific duration criteria of the DSM-III-R, however, are not assessed, and this information is technically necessary for a diagnosis within the depressive spectrum. (Berndt, 1986).

Inherent in the use of subscales is the assumption that depression is not a unitary dimension. Like the MDI Full Scale score, subscale raw scores are converted to both percentiles and T-scores. All subscales have a T-score of 50 and a standard deviation of 10. Subscale T-scores can be compared both within the same individual and between individuals. Subscales can be used to generate clinical hypotheses and to identify problem areas and
strengths of an individual who is depressed (Berndt, 1986). How levels of dependency (both high and low) might interact with gender to affect various aspects or symptoms of depression, as measured by the MDI subscale scores, will be investigated, rather than relying solely on a global measure of depression.

Statistical Procedures and Proposed Analysis

Due to disagreement in the literature regarding whether or not there is a predictable link between strong dependency needs and depression, adolescents scoring high on a measure of dependency (the MAPI's scale 3), were compared with adolescents scoring low (or below norm) on the same measure of dependency, to ascertain if high levels of dependency are more often associated with depression, than low levels of dependency. The presence of depression will be measured by the Multiscore Depression Inventory (MDI, Berndt, 1986).

Research Question One

The first research question was about the predictability of a relationship between strong dependency and depression in hospitalized adolescents. The hypothesis utilized to answer this research question will be:

Hypothesis 1: There will be no statistically-significant difference between high dependency and low
dependency adolescents with regards to depression, as measured by the MDI Full Scale score. This hypothesis rests on certain observations from the literature that both: (1) excessive needs for acceptance and love, and (2) excessive needs to minimize, deny or transform natural dependency needs into an over-focus upon accomplishment, control, autonomy, or perfection may lead to an increased risk for the development of an affective disorder. (Arieti & Bemporad, 1978; Blatt, Quinlan, Chevron, McDonald, & Zuroff, 1982; Kegan, 1982; Nietzel and Harris, 1990; and Wortman, 1981).

Some high dependency individuals do indeed suffer from depression, and some extremely autonomous individuals are as likely to be depressed as well. Several authors (Arieti & Bemporad, 1978; Baker Miller, 1976; Brouillard, 1992; Kaplan, 1986; Kegan, 1982; and Surrey, Kaplan, & Jordan, 1990) have posited a direct link between gender socialization and either what type of depression one suffers from, or differential prevalence rates.

The statistic used was a one-way analysis of variance (ANOVA). This statistic allows for the possibility of identifying significant main effects. Subjects were initially categorized into only two groups: high dependency adolescents and low dependency adolescents. Hypothesis 1 would predict that subjects in the high depen-
dency group would not be more likely than subjects in the low dependency comparison group to score significantly on an overall measure of depression, the MDI (Berndt, 1986). Hypothesis 1 would predict that all adolescents in the high dependency group would not be more likely than their low dependency comparison subjects to score significantly on an overall measure of depression. Again, this hypothesis is based on the literature (Hirschfeld et al., 1984; Kegan, 1982; Stiver, 1984; Wortman, 1981) that found either no support for personality features such as interpersonal dependency accounting for the prevalence difference in unipolar depression in men and women as Hirschfeld, et al., (1984) did; or, that the denial, distortion, or devaluation of dependency needs were as likely to account for the development of depression as was an open acknowledgement of even strong needs for support or affection. Hypothesis 1 stands in contrast to the more traditional view found in the literature that contends there is a consistently strong and predictable relationship between high dependency needs and depression, and a significantly lower risk for depression if one is less dependent, and more autonomous.

Highly dependent females may indeed be at risk for depression due to inhibition of anger and action, loss of mutuality of relationships, and low self-esteem as a culturally-reinforced by-product for dependency in an
autonomy-prizing culture. Low dependency females may also be at risk for depression via internal conflicts or other-generated punitive messages regarding not following the majority view of gender-appropriate behavior. Low dependency females may also be at as much risk for depression as their low dependency male counterparts, in terms of their need to deny or project their own dependency needs. This can result in a lack of clear or direct fulfillment of such basic and essential needs.

As described by several authors (Bly, 1990; Farrell, 1986; Hollebeek, 1991; Meth & Pascik, 1990; and Schneider, 1992) denial of dependency in males has frequently led to workaholism, alcoholism, measuring self-worth via achievement alone, and a reduction in the average life expectancy. Whether or not males are in touch with their feelings (other than anger) enough to recognize true depressive symptoms, or may be medicating themselves more frequently than females via alcohol remains open to debate. High dependency males may also be at risk for depression due to the gender dystonic nature of their behavior, and the culture’s response to deviation from the norm.

Despite the over-representation of females receiving a diagnosis of, and treatment for, depression more recent literature has suggested that both genders are at risk to develop pathological manifestations of dependency, and
that pathology often takes the form of depression. Depressive symptoms, phenomenological experiences of depression, and coping mechanisms may differ according to gender, however.

Research Question Two

The second research question of this study was: How might gender interact with levels of dependency (both high and low) to affect depression and specific depressive symptoms? In other words, are there interactions between gender and either high or low levels of dependency that are more likely to be related to specific depressive symptoms (as measured by the ten MDI subscale scores), or to a global measure of depression (as indicated by the MDI Full Scale score?) The general hypothesis utilized to answer this research question was: Hypothesis 2: There will be no statistically significant differences between high and low levels of dependency on a global measure of depression according to gender.

The statistic used was 2 X 2 (group by gender) analysis of variance (ANOVA.) This statistic allows for the possibility of identifying both significant main and interaction effects. Subjects were thereby categorized into four groups: (1) high dependency females; (2) high dependency males; (3) low dependency females; and, (4) low dependency males.
Hypothesis 2 is based on literature (Arieti & Bemporad, 1978; Gjerde, Block, & Block, 1988; Funabiki, Bologna, Pepping, & Fitzgerald, 1980; Hirschfeld, Klerman, Clayton, Keller, & Andreasen, 1984; Kaplan, 1986; Kegan, 1982; Stiver, 1984) that has investigated and found differences in both the subjective experiences of, and the symptom manifestations of depressed males and depressed females. Several of these authors have directly linked differing values placed upon dependency or connection as a source of gender-differentiated depressive symptoms.

There will be 10 additional hypotheses related to the possibility of significant interaction effects between levels of dependency and gender, upon specific depressive symptoms measured by the 10 MDI subscales. The remaining 10 hypothesis associated with the general hypothesis are:

Hypothesis 2a: There will be no statistically significant differences among: high dependency females', high dependency males', low dependency females', and low dependency males' MDI Low Energy subscale scores.

Hypothesis 2b: There will be no statistically significant difference among: high dependency females', high dependency males', low dependency females', and low dependency males' MDI Cognitive Difficulty subscale scores. Cognitive difficulty included: poor
concentration, rumination and inability to reach a
decision.

Hypothesis 2c: There will be no statistically
significant differences among: high dependency females',
high dependency males', low dependency females', and low
dependency males' MDI Guilt subscale scores.

Hypothesis 2d: There will be no statistically
significant differences among: high dependency females',
high dependency males', low dependency females', and low
dependency males' MDI Low Self-Esteem subscale scores.

Hypothesis 2e: There will be no statistically
significant differences among: high dependency females',
high dependency males', low dependency females', and low
dependency males' MDI Social Introversion subscale
scores.

Hypothesis 2f: There will be no statistically
significant differences among: high dependency females',
high dependency males', low dependency females', and low
dependency males' MDI Pessimism subscale scores.

Hypothesis 2g: There will be no statistically
significant differences among: high dependency females',
high dependency males', low dependency females', and low
dependency males' MDI Irritability subscale scores.

Hypothesis 2h: There will be no statistically
significant differences among: high dependency females',
high dependency males', low dependency females', and low
dependency males’ MDI Sad Mood subscale scores.

Hypothesis 2i: There will not be statistically significant differences among: high dependency females’, high dependency males’, low dependency females’, and low dependency males’ MDI Instrumental Helplessness subscale scores. Instrumental Helplessness is defined as perceptions of finding social reinforcement to be lacking, despite active efforts to solicit support, caring, or concern from others.

Hypothesis 2j: There will be no statistically significant differences among: high dependency females’, high dependency males’, low dependency females’, and low dependency males’ MDI Learned Helplessness subscale scores. Learned Helplessness is defined as perceptions of noncontingent reinforcement, or a passivity based upon a felt inability to affect positive changes in one’s own life by one’s own actions).

Hypotheses 2a through 2j were utilized to investigate whether or not gender played a significant role in the differences of depressive symptomatology, when related to various levels of dependency. For example, high dependency females might show significantly higher scores on MDI subscales of: guilt, learned helplessness, low energy, and cognitive difficulty when compared with subjects in the other three subgroups. High dependency females might have significantly lower elevations on the
irritability subscale, compared to their low dependency male and female counterparts, and the male high dependency subgroup.

Hypothesis 2a through 2j also investigated whether low dependency males had the statistically significant higher scores on the MDI subscales regarding irritability and social introversion. Certain authors (Funabiki, et al., 1980; Gjerde, Block & Block, 1988) have investigated gender differences in the expression of depressive symptoms, and Hypotheses 2a through 2j were utilized to investigate any possible relationship between levels of dependency, gender, and specific depressive symptoms.

The statistic used to test Hypotheses 2a-j was again, a 2 X 2 (gender by group) ANOVA. This statistic allowed for the possibility of identifying whether or not an interaction between two factors (gender and level of dependency); or a single factor alone, significantly affected the dependent variable - specific MDI subscale scores.

The 2 X 2 ANOVA design allows for the examination of two or more independent variables simultaneously, and reduces the number of separate analyses needed to answer the research questions of interest. Factorial designs also have greater power than a one-factor ANOVA design; that is, the probability of detecting real effects is increased.
Research Question Three

The third research question was about what subtypes of personality styles might be associated with both high and low levels of dependency and significant depression, when taking gender into account. In other words, are specific subtypes of personality identifiable for adolescents of both genders who possess either high or low levels of dependent traits? If so, what are the frequencies of specific MAPI subtypes associated with: (a) high levels of dependency and the presence of significant depression for females; (b) high levels of dependency and the presence of significant depression for males; (c) low levels of dependency and the presence of significant depression for females; and, (d) low levels of dependency and the presence of significant depression for males?

Descriptive, rather than inferential statistics were utilized to answer this research question, due to the nominal nature of the data. The specific type of frequency distribution was selected according to what best presented the data at a level of simplification that could communicate results is an understandable way. Due to the nominal nature of this data (MAPI two-point codes are described in terms of diagnostically-oriented labels for various personality styles) descriptive statistics
were the most appropriate for this research question.

This data is summarized and organized, and presented in Chapter IV, with possible clinical implications discussed in Chapter V. As a reminder to the reader, the eight MAPI personality style scales are: (1) Schizoid; (2) Avoidant; (3) Dependent; (4) Histrionic; (5) Narcissistic; (6) Anti-Social; (7) Obsessive-Compulsive; and, (8) Passive-Aggressive.

MAPI two-point codes (the numerical designation of the two highest significantly elevated MAPI personality style scales), were examined and grouped according to their frequency found within each of the four subgroups of interest.
CHAPTER IV

RESULTS

Introduction

This study examined the relationship between measures of high and low levels of dependency and measures of depression in an inpatient adolescent population. Ninety-two subjects between the ages of 13 and 18 completed both the Millon Adolescent Personality Inventory (MAPI), used as the measure of dependency, and the Multi-score Depression Inventory (MDI), which served as both a global outcome measure of depression, and the measure of 10 specific depressive symptoms.

Forty-six adolescents (23 males, 23 females) rated as high on the dependency measure, were compared with forty-six adolescents (23 males, 23 females) who rated low on the same dependency measure (personality style scale 3 of the MAPI), with regard to their scores on a global level of depression (MDI), and 10 specific depressive symptoms (MDI).

This study specifically examined whether gender interacts with levels of dependency to affect either scores on a global level of depression or on 10 specific depressive symptoms. The possible effect of gender on
the relationship of dependency to depression was of interest.

This study also examined MAPI two-point code personality styles that were associated with levels of dependency, gender and severity of depression.

Results of Testing the Null Hypotheses

Of the 12 null hypotheses contained in this study, three were found to be statistically significant at the .05 level. All three statistically significant findings were concerned with specific depressive symptoms. The statistically significant findings were related to either: (a) the interaction between level of dependency and gender; or, (b) the main effect of either gender or level of dependency alone, upon a particular depressive symptom. No statistical significance was found on comparisons of degree of dependency, gender, and a global measure of depression. The findings relevant to the first two research questions of the study are discussed below.

The first research question asked if there was a greater than chance relationship between high levels of dependency and depression. Hypothesis 1 predicted that there would be no statistically significant difference among high dependency and low dependency adolescents' scores on a global measure of depression. The null
hypothesis was retained. As predicted, there was not a statistically significant difference on the global outcome measure of depression (the total MDI score), among adolescents who scored low on the measure of dependency, and those who scored high on the same measure of dependency.

The second research question investigated if there was a greater than chance interaction between gender and levels of dependency on both a global measure of depression and measures of specific depressive symptoms. Hypothesis 2 predicted that there would be no statistically significant differences among high and low levels of dependency on a global measure of depression, according to gender. Testing hypothesis 2 involved a statistical comparison of four subgroups on the MDI total score. The four subgroups were: (1) high dependency females; (2) high dependency males; (3) low dependency females; and, (4) low dependency males. The null hypothesis was retained. Neither main nor interaction effects were found. Gender did not result in a subject being more likely to be significantly depressed on the global depression outcome measure. It was also found that level of dependency did not interact with gender to significantly affect subjects' scores on the global outcome measure of depression.

There were 10 additional hypotheses related to the
second research question. Hypotheses 2a through 2j investigated possible significant main and interaction effects between levels of dependency and gender, on the outcome measure of the 10 MDI subscale scores, which served as the measure of 10 specific depressive symptoms. The findings related to these 10 additional hypotheses are presented below:

Hypothesis 2a: There will be no statistically significant differences among: high dependency females', high dependency males', low dependency females', and low dependency males' MDI Low Energy subscale scores. The null hypothesis was rejected since statistically significant group X gender interaction effects were found. Specifically, both the low dependency males and the high dependency females demonstrated statistically significant higher levels of the depressive symptom of low energy, while high dependency males and low dependency females did not.

Hypothesis 2b: There will be no statistically significant difference among: high dependency females', high dependency males', low dependency females', and low dependency males' MDI cognitive difficulty subscale scores. Neither main nor interaction effects were found with regard to the depressive symptom of cognitive difficulty (i.e., poor concentration, rumination and indecisiveness).
Hypothesis 2c: There will be no statistically significant differences among: high dependency females', high dependency males', low dependency females', and low dependency males' MDI Guilt subscale scores. The null hypothesis was retained in this case. Neither main nor interaction effects were found with regard to the depressive symptom of guilt.

Hypothesis 2d: There will be no statistically significant differences among: high dependency females', high dependency males', low dependency females', and low dependency males' MDI Low Self-Esteem subscale scores. The null hypothesis was retained in this case. Neither main nor interaction effects were found with regard to the depressive symptom of low self-esteem.

Hypothesis 2e: There will be no statistically significant differences among: high dependency females', high dependency males', low dependency females', and low dependency males' MDI Social Introversion subscale scores. The null hypothesis was retained in this case. Neither main nor interaction effects were found in relation to the depressive symptom of social introversion.

Hypothesis 2f: There will be no statistically significant difference among: high dependency females', high dependency males', low dependency females', and low dependency males' MDI Pessimism subscale scores. The null
hypothesis was retained in this case. Neither main nor interaction effects were found with regard to the depressive symptom of pessimism.

Hypothesis 2g: There will be no statistically significant difference among: high dependency females; high dependency males', low dependency females', and low dependency males' MDI Irritability subscale scores. The null hypothesis was rejected. Main effects were found for both dependency level and gender on the depressive symptom of irritability. As the literature (Arieti & Bemporad, 1978; Baker Miller, 1976; Gjerde, Block & Block, 1988; Kaplan, 1986; and Kegan, 1982) described, males in general (both high and low dependency level males) demonstrated significantly higher willingness than females to acknowledge irritability via their own self-report, such as on the MDI.

In addition, the total low dependency group (both males and females) showed significantly higher levels of the symptom irritability than their high dependency counterparts. However, there were no interaction effects between level of dependency and gender on the depressive symptoms of irritability. It does not appear that maleness in combination with low dependency significantly increases the severity of this symptom—beyond what would be accounted for by gender and low dependency in and of themselves.
Hypothesis 2h: There will be no statistically significant difference among: High dependency females', high dependency males', low dependency females', and low dependency males' MDI Sad Mood subscale scores. The null hypothesis was retained in this case. Neither main nor interaction effects were found with regard to the depressive symptom of sad mood.

Hypothesis 2i: There will be no statistically significant differences among: high dependency females', high dependency males', low dependency females', and low dependency males' MDI Instrumental Helplessness subscale scores. The null hypothesis was retained in this case. Neither main nor interaction effects were found with regard to the depressive symptom of instrumental helplessness.

Hypothesis 2j: There will be no statistically significant differences among: high dependency females', high dependency males', low dependency females', and low dependency males' MDI Learned Helplessness subscale scores. The null hypothesis was rejected in this case because statistically significant interaction effects were found.

Low dependency males demonstrated the highest levels of learned helplessness. High dependency females also demonstrated significantly greater acknowledgment of symptoms of learned helplessness than either low depen-
No main effects were found regarding learned helplessness. This means that there were no statistically significant differences for this symptom between:
(a) all the male and female subjects of this study; or,
(b) all the high and low dependency subjects of this study. Rather, in this case, it was the unique combinations of gender and level of dependency that accounted for the increased levels of the symptom of learned helplessness for low dependency males and high dependency females.

Relationship Between MAPI Styles, Dependency, and Depression

Presentations of the research findings regarding the subtypes of MAPI personality styles, level of dependency, and severity of depression are presented below. These findings will be presented in a combination of both narrative and tabular form, arranged according to the four subgroups of interest: high dependency females, high dependency males, low dependency females, and low dependency males.

High Dependency Females

High dependency females showed six different MAPI two point codes, as indicated in Table 1. The most
frequently occurring prominent combinations (or two-point codes) of MAPI personality styles for the high dependency female group were: the Passive-Aggressive/Avoidant (35% of subjects in group); the Obsessive-Compulsive/Dependency (26% of subjects in group); and, the Passive-Aggressive-Dependent (17% of subjects in group). All other two-point codes occurred at a less than 10% frequency rate.

Table 1
Prominent Personality Styles of High Dependency Females

<table>
<thead>
<tr>
<th>MAPI Two-Point Code Frequencies</th>
<th>n</th>
<th>% of High Dependency Female Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>(8-2)Passive-Aggressive/Avoidant</td>
<td>8</td>
<td>35%</td>
</tr>
<tr>
<td>(7-3)Obsessive-Compulsive/Dependent</td>
<td>6</td>
<td>26%</td>
</tr>
<tr>
<td>(8-3)Passive-Aggressive/Dependent</td>
<td>4</td>
<td>17%</td>
</tr>
<tr>
<td>(3-4)Dependent/Histrionic</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>(3-2)Dependent/Avoidant</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>(4-5)Histrionic/Narcissistic</td>
<td>1</td>
<td>4%</td>
</tr>
</tbody>
</table>

(N=23)

Therefore, it was the passive-dependent, active-ambivalent, active-detached, and passive-ambivalent personality styles which were most often prominently represented in the high dependency female group. The six
most frequently occurring single personality styles, contained as one-half of the MAPI two-point codes of the high dependency females are shown in Table 2.

As a reminder to the reader, a MAPI two-point code is simply the two highest clinically significant elevations on the Millon Adolescent Personality inventory (MAPI)—regardless of how many personality style scales are elevated to levels of clinical significance. Any two MAPI personality styles could make up the two-point codes for the subjects of this study.

### Table 2
Prominent Single Personality Styles for High Dependency Females

<table>
<thead>
<tr>
<th>MAPI Personality Style as One-half of MAPI two-point code</th>
<th># of High Dependency Female Subjects</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent</td>
<td>14</td>
<td>61%</td>
</tr>
<tr>
<td>Passive-Aggressive</td>
<td>12</td>
<td>52%</td>
</tr>
<tr>
<td>Avoidant</td>
<td>10</td>
<td>43%</td>
</tr>
<tr>
<td>Obsessive-Compulsive</td>
<td>6</td>
<td>26%</td>
</tr>
<tr>
<td>Histrionic</td>
<td>3</td>
<td>13%</td>
</tr>
<tr>
<td>Narcissistic</td>
<td>1</td>
<td>4%</td>
</tr>
</tbody>
</table>

(N=23)

The dependent personality style was found to be 1/2
of the MAPI two-point code for 14 (61%) of the 23 high dependency female subjects in this study. Millon (1981) described the dependent personality style as the submissive or passive-dependent personality pattern. The majority of the subjects in the high dependency female group, had dependent personality traits as one of the two most prominent, clinically significant personality patterns.

The passive-aggressive personality style was found to be 1/2 of the MAPI two-point code for (52%) of the 23 high-dependency female subjects. Millon (1981) characterized the passive-aggressive personality style as the active-ambivalent personality pattern.

Forty-three percent of the high dependency female subjects had avoidant personality traits as 1/2 of the MAPI two-point code. Millon (1981) described the avoidant personality as the withdrawn or active-detached personality pattern.

Twenty-six percent of the high dependency females had obsessive-compulsive personality as the conforming, or passive-ambivalent personality pattern.

Thirteen percent of the high dependency female subjects had histrionic personality traits as 1/2 of the MAPI two-point code. The histrionic style has been described by Millon (1981) as the gregarious, or active-dependent pattern.
Finally, only four percent of the high dependency female subjects (n=1) had narcissistic personality traits as \( \frac{1}{2} \) of their MAPI two-point code. The narcissistic personality style has been characterized by Millon as the egocentric, or passive-independent personality pattern.

Several patterns of MAPI two-point codes for high dependency females were observed to coincide with the three levels of global MDI depression scores. Six (26%) of the subjects in the high dependency female group obtained a MDI score (a T score of 51 or less) indicative of minimal depression. Nine (39%) subjects had a total MDI score (T=51-83) of moderate depression. Eight (35%) subjects obtained a total MDI score (T=84+) indicative of a severe level of depression.

The MAPI two-point codes associated with each high dependency female subject’s level of severity of depression are shown in Table 3.

Several relationship patterns between personality style, presence of high dependency personality traits, and levels of depression emerged. All of the high dependency female subjects who scored within the severe depression range on the MDI (n=8), had a 2-8 or 8-2 MAPI two-point code. This is the Avoidant/Passive-Aggressive personality style combination on the MAPI. Millon (981) characterized this as the active-detached/active-ambivalent personality pattern. It is striking that no
other MAPI two-point code was represented in the most severe range of depression, as measured by the MDI total score.

Table 3

High Dependency Females

Levels of Depression and Corresponding MAPI Two-point Codes

<table>
<thead>
<tr>
<th>Minimal Depression</th>
<th>Moderate Depression</th>
<th>Severe Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 - 7</td>
<td>7 - 3</td>
<td>2 - 8</td>
</tr>
<tr>
<td>7 - 3</td>
<td>8 - 3</td>
<td>2 - 8</td>
</tr>
<tr>
<td>3 - 7</td>
<td>3 - 8</td>
<td>2 - 8</td>
</tr>
<tr>
<td>4 - 5</td>
<td>4 - 3</td>
<td>8 - 2</td>
</tr>
<tr>
<td>3 - 8</td>
<td>8 - 3</td>
<td>2 - 8</td>
</tr>
<tr>
<td>3 - 4</td>
<td>7 - 3</td>
<td>2 - 8</td>
</tr>
<tr>
<td></td>
<td>3 - 2</td>
<td>2 - 8</td>
</tr>
<tr>
<td>(n=6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 - 7</td>
<td>3 - 2</td>
<td>2 - 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(n=8)</td>
</tr>
<tr>
<td></td>
<td>(n=9)</td>
<td></td>
</tr>
</tbody>
</table>

The six high dependency female subjects whose total MDI score indicated a minimal level of depression, showed a mixed pattern of MAPI two-point codes. However, some distinct groups of pattern were discernible. Three of these subjects had an obsessive-compulsive style as 1/2 of their MAPI two-point code, and two had either a histrionic or passive-aggressive style as 1/2 of their
MAPI two-point code. The remaining minimally depressed, high dependency female subject had prominent narcissistic and histrionic personality traits.

It would appear from the above observations that adolescent females with high dependency personality traits, are more likely to report a minimal level of depression if they also have either some histrionic (actively dependent), obsessive-compulsive (passively ambivalent), and/or narcissistic (passively independent) component to their personality style. It appears that high dependency female adolescents whose most prominent personality styles are some combination of avoidant (withdrawn or actively detached), and passive-aggressive (negativistically ambivalent) are also more likely to report the most severe levels of depression.

High dependency females who described a moderate level of depression were much more difficult to categorize according the patterns of MAPI two-point code personality styles, when compared with severely depressed and minimally depressed subjects. A wide variety of MAPI two-point codes were associated with moderate levels of depression, as measured by the MDI total score.

High Dependency Males

High dependency males showed five MAPI two-point codes, as well as a single point dependency code, as
indicated in Table 4. The most frequently occurring prominent combinations (or two-point codes) of MAPI personality styles for the high dependency male group were: the Passive-Aggressive/Avoidant (35% of subjects in group); the Dependency Only (22% of subjects in group); the Dependent/Passive-Aggressive (13% of subjects in group); and, the Dependent/Obsessive-Compulsive (13% of subjects in group). All other two-point codes for the high dependency male group are presented in Table 4.

Table 4
Prominent Personality Styles of High Dependency Males

<table>
<thead>
<tr>
<th>MAPI Two-point Code Frequencies</th>
<th>% High Dependency Male Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>(8-2) Passive-Aggressive/Avoidant</td>
<td>8 35%</td>
</tr>
<tr>
<td>(3) Dependent Only</td>
<td>5 22%</td>
</tr>
<tr>
<td>(3-8) Dependent/Passive-Aggressive</td>
<td>3 13%</td>
</tr>
<tr>
<td>(3-7) Dependent/Obsessive-Compulsive</td>
<td>3 13%</td>
</tr>
<tr>
<td>(3-2) Dependent/Avoidant</td>
<td>2 9%</td>
</tr>
<tr>
<td>(5-3) Narcissistic/Dependent</td>
<td>2 9%</td>
</tr>
</tbody>
</table>

(N=23)

Therefore, it was the active-ambivalent (passive-aggressive), active-detached (avoidant), passive-dependent (dependent), and passive-ambivalent (obsessive-
compulsive) personality styles which were most often prominently represented in the high dependency male group. The five most frequently occurring single personality styles, contained as one-half of the MAPI two-point codes of the high dependency males are shown in Table 5.

Table 5
Prominent Single Personality Styles for High Dependency Males

<table>
<thead>
<tr>
<th>MAPI Personality Style as One-half of MAPI two-point code</th>
<th># of High Dependency Male Subjects</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent</td>
<td>15</td>
<td>65%</td>
</tr>
<tr>
<td>Passive-Aggressive</td>
<td>11</td>
<td>48%</td>
</tr>
<tr>
<td>Avoidant</td>
<td>10</td>
<td>43%</td>
</tr>
<tr>
<td>Obsessive-Compulsive</td>
<td>3</td>
<td>13%</td>
</tr>
<tr>
<td>Narcissistic</td>
<td>2</td>
<td>9%</td>
</tr>
</tbody>
</table>

(N=23)

The dependent personality style was found to be 1/2 of the MAPI two-point code for 15 (65%) of the 23 high dependency male subjects. Millon (1981) described the dependent personality style as the submissive or passive-dependent personality pattern. The majority of the subjects in the high dependency male group, like the high dependency female group, had dependent personality traits as one of the two most prominent, clinically significant
personality patterns.

The passive-aggressive personality style was found to be 1/2 of the MAPI two-point code for 11 (48%) of the 23 high dependency male subjects. Millon (1981) characterized the passive-aggressive personality style as the active-ambivalent pattern.

Forty-three percent of the high dependency males had avoidant personality traits as 1/2 of the MAPI two-point code. Millon (1981) described the avoidant personality as the withdrawn or active-detached personality pattern.

Thirteen percent of the high dependency males had obsessive-compulsive personality traits as 1/2 of the MAPI two-point code. Millon (1981) characterized the obsessive-compulsive personality as the conforming, or passive-ambivalent personality pattern.

Nine percent of the high dependency males had narcissistic personality traits as 1/2 of the MAPI two-point code. Millon (1981) characterized the narcissistic personality as the egocentric, or passive-independent personality pattern.

Several patterns of MAPI two-point codes for high dependency males were observed to coincide with the three levels of global MDI depression scores. Nine (39%) of the subjects in the high dependency male group obtained a MDI score (a T score of 51 or less) indicative of minimal depression. Eight (35%) subjects had a total MDI score
(T=51-83) of moderate depression. Six (26%) subjects obtained a total MDI score (T=84+) indicative of a severe level of depression.

The MAPI two-point codes associated with each high dependency male subject's level of severity of depression are presented in Table 6.

Table 6
High Dependency Males

<table>
<thead>
<tr>
<th>Levels of Depression and Corresponding MAPI Two-point Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal Depression</td>
</tr>
<tr>
<td>--------------------</td>
</tr>
<tr>
<td>3 - 0</td>
</tr>
<tr>
<td>3 - 0</td>
</tr>
<tr>
<td>3 - 0</td>
</tr>
<tr>
<td>3 - 0</td>
</tr>
<tr>
<td>5 - 3</td>
</tr>
<tr>
<td>5 - 3</td>
</tr>
<tr>
<td>3 - 2</td>
</tr>
<tr>
<td>7 - 3</td>
</tr>
<tr>
<td>8 - 3</td>
</tr>
<tr>
<td>(n=9)</td>
</tr>
</tbody>
</table>

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Like their high dependency female counterparts, the high dependency male subjects showed a single two-point code (2-8) to be exclusively associated with the most severe levels of depression. However, minimally and moderately depressed high dependency male subjects showed a variety of personality style patterns.

Several relationship patterns between personality style, presence of high dependency personality traits, and levels of depression emerged. All of the high dependency male subjects who scored within the severe depression range on the MDI (n=6), had a 2-8 or 8-2 MAPI two-point code. This is the Avoidant/Passive-Aggressive personality style combination on the MAPI. Millon (1981) characterized this as the active-detached/active-ambivalent personality pattern.

The nine high dependency male subjects whose total MDI score indicated a minimal level of depression, showed a mixed pattern of MAPI two-point codes. However, some distinct groups of personality patterns were discernible. Four of these subjects had a single MAPI personality style scale 3 elevation. Two of these subjects had a narcissistic style as 1/2 of the MAPI two-point code. The remaining three minimally depressed high dependency male subjects showed avoidant, obsessive-compulsive, or passive-aggressive traits as one-half of the MAPI two-point code; and, always in combination with MAPI scale 3
It would appear from the above observations that adolescent males with high dependency personality traits, are more likely to report minimal depression if that is their only significant MAPI scale elevation. And, like their high dependency female counterparts, high dependency males with narcissistic traits are also more likely to report minimal depression.

High dependency males who described a moderate level of depression were much more difficult to categorize according to patterns of MAPI two-point code personality styles, in comparison to both severely and minimally depressed subjects. A wide variety of MAPI two-point codes were associated with moderate levels of depression, as measured by the MDI total score.

Low Dependency Females

Low dependency females showed eight different MAPI two-point codes, as indicated in Table 7. The most frequently occurring prominent combinations (or two-point codes) of MAPI personality styles for the low dependency female group were: the Passive-Aggressive/Avoidant (43% of subjects in group); and, the Histrionic/Narcissistic (13% of subjects in group). All other two-point codes occurred at a less than 10% frequency rate. Four different two-point codes did not occur at a 9% rate: the
Histrionic/Antisocial; the Narcissistic/Antisocial; the Passive-Aggressive/Antisocial; and, the singular Obsessive-Compulsive style (scale 7 alone). The remaining two two-point codes were found for only one subject each in the low dependency female group.

Table 7
Prominent Personality Styles of Low Dependency Females

<table>
<thead>
<tr>
<th>MAPI Two-Point Code Frequencies</th>
<th>% of Low Dependency Female Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>(8-2) Passive-Aggressive/Avoidant</td>
<td>10 43%</td>
</tr>
<tr>
<td>(4-5) Histrionic/Narcissistic</td>
<td>3 13%</td>
</tr>
<tr>
<td>(4-6) Histrionic/Antisocial</td>
<td>2 9%</td>
</tr>
<tr>
<td>(5-6) Narcissistic/Antisocial</td>
<td>2 9%</td>
</tr>
<tr>
<td>(8-6) Passive-Aggressive/Antisocial</td>
<td>2 9%</td>
</tr>
<tr>
<td>(7) Obsessive-Compulsive Only</td>
<td>2 9%</td>
</tr>
<tr>
<td>(4) Histrionic Only</td>
<td>1 4%</td>
</tr>
<tr>
<td>(8) Passive-Aggressive Only</td>
<td>1 4%</td>
</tr>
</tbody>
</table>

(N=23)

Therefore, it was the active-ambivalent (passive-aggressive), active-detached (avoidant), active-dependent (histrionic), active-independent (antisocial), and passive-independent (narcissistic) personality styles...
which were the most prominently represented in the low dependent female group. The six most frequently occurring single personality styles, contained as one-half of the MAPI two-point codes of the low dependency females are shown in Table 8.

The passive-aggressive personality style was found to be 1/2 of the MAPI two-point code for 13 (56%) of the low dependency female subjects. Millon characterized the passive-aggressive personality style as the active-ambivalent personality pattern.

Forty-three percent of the low dependency female subjects had avoidant personality traits as 1/2 of the MAPI two-point code. Millon (1981) characterized the avoidant personality style as the active-detached personality pattern.

Twenty-six percent of the low dependency female subjects had histrionic or antisocial personality traits as 1/2 of the MAPI two-point code. Millon (1981) characterized the histrionic personality style as the active-dependent personality pattern, and the antisocial personality style as the active-independent personality pattern.

Twenty-two percent of the low dependency females had narcissistic personality traits as 1/2 of the MAPI two-point code. Millon (1981) has described the narcissistic personality style as the passive-independent personality
pattern.

Finally, only nine percent of the low dependency female subjects \( n=2 \) had prominent obsessive-compulsive personality traits as \( 1/2 \) of the MAPI two-point code. The obsessive-compulsive personality style has been characterized by Millon (1981) as the passive-ambivalent personality pattern.

The frequencies of single MAPI personality styles for the low dependency female subjects are presented in Table 8.

Table 8
Prominent Single Personality Styles for Low Dependency Females

<table>
<thead>
<tr>
<th>MAPI Personality Style as One-half of MAPI two-point code</th>
<th># of Low Dependency Female Subjects</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive-Aggressive</td>
<td>13</td>
<td>56%</td>
</tr>
<tr>
<td>Avoidant</td>
<td>10</td>
<td>43%</td>
</tr>
<tr>
<td>Histrionic</td>
<td>6</td>
<td>26%</td>
</tr>
<tr>
<td>Antisocial</td>
<td>6</td>
<td>26%</td>
</tr>
<tr>
<td>Narcissistic</td>
<td>5</td>
<td>22%</td>
</tr>
<tr>
<td>Obsessive-Compulsive</td>
<td>2</td>
<td>9%</td>
</tr>
</tbody>
</table>

\( (N=23) \)

The majority of the subjects in the low dependency
female group had passive-aggressive personality traits as one of the two most prominent, clinically significant personality patterns.

Several patterns of MAPI two-point codes for low dependency females were observed to coincide with the three levels of global MDI depression scores. Like their high dependency counterparts, there was a fairly equal distribution of subjects with minimal, moderate, and severe levels of depression. Another commonality shared with the high dependency subjects, was that nearly all low dependency female subjects who reported severe levels of depression had a 2-8 or 8-2 MAPI two-point code. However, there were two low dependency female subjects whose MAPI two-point code was 8-6.

Several patterns of MAPI two-point codes for low dependency females were observed to coincide with the three levels of global MDI depression scores. Eight (35%) of the subjects in the low dependency female group obtained a MDI total score indicative of minimal depression. Seven (30%) of these subjects obtained a MDI score indicative of moderate depression. Eight (35%) of the low dependency female subjects obtained a total MDI score indicative of severe depression.

The MAPI two-point codes associated with each low dependency female subject’s level of severity of depression are presented in Table 9.
Table 9
Low Dependency Females

Levels of Depression and Corresponding MAPI Two-Point Codes

<table>
<thead>
<tr>
<th>Minimal Depression</th>
<th>Moderate Depression</th>
<th>Severe Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 - 5</td>
<td>8 - 2</td>
<td>8 - 2</td>
</tr>
<tr>
<td>4 - 5</td>
<td>8 - 2</td>
<td>8 - 2</td>
</tr>
<tr>
<td>5 - 4</td>
<td>2 - 8</td>
<td>8 - 2</td>
</tr>
<tr>
<td>5 - 6</td>
<td>2 - 8</td>
<td>8 - 2</td>
</tr>
<tr>
<td>6 - 5</td>
<td>7 - 0</td>
<td>8 - 2</td>
</tr>
<tr>
<td>6 - 4</td>
<td>7 - 0</td>
<td>2 - 8</td>
</tr>
<tr>
<td>4 - 6</td>
<td>4 - 0</td>
<td>8 - 6</td>
</tr>
<tr>
<td>8 - 0</td>
<td>(n=7)</td>
<td>8 - 6</td>
</tr>
<tr>
<td>(n=8)</td>
<td></td>
<td>(n=8)</td>
</tr>
</tbody>
</table>

Several relationship patterns between personality style, presence of low dependency personality traits, and levels of depression emerged. With the exception of the two subjects, all of the low dependency female subjects who scored within the severe depression range on the MDI, had a 2-8 or 8-2 MAPI two-point code. This is the Avoidant/Passive-Aggressive personality style combination on the MAPI. The two subjects with Passive-
Aggressive/Antisocial MAPI two-point codes also scored within the severely depressed range on the MDI total score.

The eight low dependency female subjects whose total MDI score indicated a minimal level of depression, showed a mixed pattern of MAPI two-point codes. However, some distinct groups of personality patterns were discernible. Five of these subjects had a narcissistic style as 1/2 of their MAPI two-point code. Another five had a histrionic style as 1/2 of their MAPI two-point code. Four of the low dependency female subjects had an antisocial style as 1/2 of their MAPI two-point code.

It would appear from the above observations that adolescent females with low dependency personality traits, are more likely to report a minimal level of depression if they also have either narcissistic, histrionic, or antisocial components (without a passive-aggressive component) to their personality style. It appears that low dependency female adolescents whose most prominent personality styles are some combination of either passive-aggressive and avoidant, or passive-aggressive and antisocial are more likely to report the most severe levels of depression.

Like their high dependency counterparts, low dependency females who described a moderate level of depression were much more difficult to categorize according to
patterns of MAPI two-point codes, when compared with both severely and minimally depressed subjects. A wide variety of MAPI two-point codes were associated with moderate levels of depression within the low dependency female group.

Table 10
Prominent Personality Styles of Low Dependency Males

<table>
<thead>
<tr>
<th>MAPI Two-Point Code Frequencies</th>
<th>% of Low Dependency Male Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>(8-2) Passive-Aggressive/Avoidant</td>
<td>10 43%</td>
</tr>
<tr>
<td>(8-4) Passive-Aggressive/Histrionic</td>
<td>3 13%</td>
</tr>
<tr>
<td>(5-4) Narcissistic/Histrionic</td>
<td>3 13%</td>
</tr>
<tr>
<td>(5-6) Narcissistic/Antisocial</td>
<td>3 13%</td>
</tr>
<tr>
<td>(8) Passive-Aggressive Only</td>
<td>1 4%</td>
</tr>
<tr>
<td>(5) Narcissistic Only</td>
<td>1 4%</td>
</tr>
<tr>
<td>(7) Obsessive-Compulsive Only</td>
<td>1 4%</td>
</tr>
<tr>
<td>(7-4) Obsessive-Compulsive/Histrionic</td>
<td>1 4%</td>
</tr>
<tr>
<td>(N=23)</td>
<td></td>
</tr>
</tbody>
</table>

Low Dependency Males

Low dependency males showed five MAPI two-point codes, as well as three single point personality codes, as indicated in Table 10. The most frequently occurring
prominent combinations (or two-point codes) of MAPI personality styles for the low dependency male group were: the Passive-Aggressive/Avoidant (43% of subjects in group); the Passive-Aggressive/Histrionic (13% of subjects in group); the Narcissistic/Histrionic (13% of subjects in group); the Narcissistic/Antisocial (13% of subjects in group). All other two-point codes occurred at a less than 10 frequency rate. The frequencies of MAPI two-point codes for all low dependency male subjects are presented in Table 10.

Table 11
Prominent Single Personality Styles for Low Dependency Males

<table>
<thead>
<tr>
<th>MAPI Personality Style as One-half of MAPI Two-Point Code</th>
<th># of Low Dependency Male Subjects</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive-Aggressive</td>
<td>14</td>
<td>61%</td>
</tr>
<tr>
<td>Avoidant</td>
<td>10</td>
<td>43%</td>
</tr>
<tr>
<td>Histrionic</td>
<td>7</td>
<td>30%</td>
</tr>
<tr>
<td>Narcissistic</td>
<td>7</td>
<td>30%</td>
</tr>
<tr>
<td>Antisocial</td>
<td>3</td>
<td>13%</td>
</tr>
<tr>
<td>Obsessive-Compulsive</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>(N-23)</td>
<td></td>
</tr>
</tbody>
</table>

The active-ambivalent (passive-aggressive), active-
detached (avoidant), active-dependent (histrionic), and passive-independent (narcissistic) personality styles were most often prominently represented in the low dependency male group. The six most frequently occurring single personality styles, contained as one-half of the MAPI two-point codes of the low dependency males are shown above. The frequencies of single MAPI personality styles for the low dependency male subjects are presented in Table 11.

As was the case for the low dependency female subjects, the passive-aggressive personality style was found to be the most frequently occurring MAPI personality style for the low dependency male group. Fourteen (61%) of the low dependency male subjects had passive-aggressive personality traits as 1/2 of the MAPI two-point code. The majority of the subjects in the low dependency male group had passive-aggressive personality traits as one of the two most prominent, clinically significant personality styles.

Forty-three percent of these subjects had avoidant personality styles as 1/2 of the MAPI two-point code. Both the narcissistic and the histrionic personality styles each occurred at a 30% frequency rate for the low dependency males.

Thirteen percent of low dependency males had an antisocial personality style as 1/2 of their MAPI code.
Nine percent of this group demonstrated an obsessive-compulsive personality style as part (or all) of their MAPI codes.

Table 12
Low Dependency Males

Levels of Depression and Corresponding MAPI Two-Point Codes

<table>
<thead>
<tr>
<th>Minimal Depression</th>
<th>Moderate Depression</th>
<th>Severe Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 - 4</td>
<td>5 - 4</td>
<td>8 - 2</td>
</tr>
<tr>
<td>5 - 4</td>
<td>2 - 8</td>
<td>8 - 2</td>
</tr>
<tr>
<td>5 - 6</td>
<td>2 - 8</td>
<td>8 - 2</td>
</tr>
<tr>
<td>5 - 6</td>
<td>8 - 2</td>
<td>2 - 8</td>
</tr>
<tr>
<td>5 - 0</td>
<td>8 - 4</td>
<td>2 - 8</td>
</tr>
<tr>
<td>8 - 4</td>
<td>4 - 8</td>
<td>2 - 8</td>
</tr>
<tr>
<td>7 - 4</td>
<td>8 - 0</td>
<td>2 - 8</td>
</tr>
<tr>
<td>7 - 0</td>
<td>(n=7)</td>
<td>(n=7)</td>
</tr>
<tr>
<td>(n=9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Several patterns of MAPI two-point codes for low dependency males were observed to coincide with the three levels of global MDI depression scores. Nine (39%) of the subjects in the low dependency male group obtained a MDI score indicative of minimal depression. Seven (30%)
had a total MDI score indicative of moderate depression. Seven (30%) of the low dependency male subjects obtained a total MDI score indicative of a severe level of depression.

The MAPI two-point codes associated with each low dependency male subject’s level of severity of depression are shown in Table 12.

Several relationship patterns between personality style, presence of low dependency personality traits, and levels of depression emerged. As with the three other groups previously described, all of the low dependency male subjects reporting severe levels of depression had a 2-8 or 8-2 MAPI two-point code. With the exception of the two low dependency females who had an antisocial, rather than an avoidant component in conjunction with a passive-aggressive personality style, all subjects in this study whose MDI scores were indicative of a severe depression had the passive-aggressive/avoidant MAPI two-point code.

The nine low dependency male subjects whose total MDI score indicated a minimal level of depression showed a mixed pattern of MAPI two-point codes. However, as with other minimally depressed subjects, some distinct groups of personality patterns were discernible. Five of the low dependency male subjects had a narcissistic personality style as 1/2 of the MAPI two-point code.
Four of the nine low dependency male subjects had a histrionic component to their MAPI two-point code. Two low dependency male subjects each had an obsessive-compulsive personality style as $1/2$ of their MAPI two-point code.

It would appear from the above observations that adolescent males with low dependency personality traits, are more likely to report a minimal level of depression if they also have either some narcissistic, histrionic, antisocial, or obsessive-compulsive components to their personality style.
CHAPTER V

DISCUSSION

The purpose of this study was to investigate the relationships between dependency, depression, and gender in an adolescent inpatient population. The results of this study are supportive of some of the most recent literature regarding depression—particularly those writers and researchers (Arieti & Bemporad, 1978; Blatt, Quinlan, Chevron, McDonald, & Zuroff, 1982; Funabiki, Bologna, Pepping, & Fitzgerald, 1980; Gilligan, 1980; Gjerde, Block & Block, 1988; Kegan, 1982; Kaplan, 1986; Watchman, 1986; Wetzel, 1978; and Wortman, 1981) whose clinical experiences and research data have found that depression is not a singular, uniform experience. The results of this study lend support to the recent literature about depression which emphasizes the importance of the social context in which depressive symptoms develop, and which suggests that depressive symptoms have a variety of psychological meanings. How these meanings may be influenced by gender and gender socialization regarding dependency issues was of particular interest in this study.

Specifically, this research examined the relationship between levels of self-reported depression, high and
low levels of dependency for both male and female adolescents, and personality style. This chapter will begin with a discussion of possible interpretations of the results of the tests of all hypotheses included in this study, grouped according to each research question.

The first research question asked if there was a greater than chance relationship between high levels of dependency and depression. Hypothesis 1 was formulated to answer that question, and possible interpretations of the data analysis regarding Hypothesis 1 are discussed first.

The second research question asked if there was either: (a) a greater than chance main effect of gender upon a global measure of depression; or (b) a greater than chance interaction effect of gender and levels of dependency on a global measure of depression. A discussion of the possible interpretations of the data analyses of Hypothesis 2 are presented.

The possible interpretations of the analyses of Hypotheses 2a through 2j are also presented. These hypotheses were a part of the second research question and concerned possible main effects of gender, or level of dependency, upon 10 specific depressive symptoms were investigated. Furthermore, whether or not there was a greater than chance interaction effect of gender and levels of dependency upon 10 specific depressive symptoms
was also investigated via Hypotheses 2a through 2j.

Additionally, the possible meanings of the personality style frequency data in relation to severity of depression and gender issues are discussed.

Finally, the limitations of this study and implications for future research are addressed.

Interpretations of Results

**Hypothesis 1**

Hypothesis 1 predicted that there would be no statistically significant difference between high dependency and low dependency adolescents' scores on a global measure of depression. The results of this research indicated that the adolescent inpatients with below the norm levels of dependency were as likely as their high dependency counterparts to score within a clinically significant range on an overall measure of depression.

Furthermore, there was a fairly equal distribution among high and low dependency subjects across three levels of severity of depression of the MDI Full Score. These levels of severity of depression were: minimal depression, moderate depression, and severe depression. There were between six and nine subjects at each level of depression on the MDI in the four subgroups analyzed.

The results related to Hypothesis 1 did not support
some of the traditional, prevailing notions about depression. The common notion that in a hospital population, female adolescents are more likely than their male counterparts to have higher levels of dependent or submissive personality traits was not supported. Nor was there support found for the notion that adolescents with high levels of acknowledged dependency needs are at increased risk for experiencing clinical depression when compared with more autonomous individuals.

The findings related to Hypothesis 1 support those researchers and clinicians (Arieti & Bemporad, 1978; Blatt, Quinlan, Chevron, McDonald, & Zuroff, 1980; Funabiki, Bologna, Pepping & Fitzgerald, 1980; Gilligan, 1980; Gjerde, Block & Block, 1988; Kegan, 1982; Watchman, 1986; Wetzel, 1978) who have concluded that there are specific subtypes of depression. Because the high dependency subjects of this study were not found to be more depressed than their low dependency counterparts, the results of the data analysis of Hypothesis 1 lends further credence to the criticism of an exclusive link between strong dependency needs and an increased vulnerability to depression as it applies to adolescent inpatients. This is particularly true in conceptualizations of depression where autonomy is overvalued and portrayed as unrelated to depression. The data from this research may be best understood from the perspectives of
clinicians such as Kegan (1982) and Stiver (1984).

As noted in the review of the literature, Stiver has proposed that it is not requests for help or support per se that lead to pathology such as depression. Instead, Stiver (1984) contended that it is when "people ask for help or support in a way that makes it very difficult to respond effectively, due to their communication of underlying rage at both self and others" (p.3) that depression, or other forms of painful symptoms, may occur.

Stiver (1984) also described how reliance upon others, or seeking support and approval, do not per se lead to serious psychological symptoms. Instead, it is not until a person also has either: (a) developed a conviction that they really do not deserve to have their needs fulfilled; or, (b) automatically associate feelings of strong fear, shame, and/or anger with the anticipated rejection of, or indifference to, natural, and universal human dependency needs, that psychological symptoms, including depression, develop.

Kegan (1982) also questioned the notion of whether dependency leaves individuals more vulnerable to depression. He characterized depression as not only a threat to the self and the object, but also a threat to meaning—specifically, a threat to the meaning of the relationship or balance between needs for dependency and autonomy. Kegan viewed needs for closeness, support, and
love as equally important to powerful needs to be
distinct, free to choose one's own directions, and create
one's own self definition. Kegan's (1982) model of
personality development proposed that it is the ongoing
tension between these "two greatest human yearnings" of
dependency and autonomy, and how people move through
progressive and qualitatively different meanings about
the balance of autonomy and dependence, that accounts for
psychological growth, health and/or painful symptoms such
as depression. Further, Kegan's theory of development
and symptom etiology emphasized how different under­
standing of what constitutes the self and the other are
intertwined with progressive and qualitatively different
valuing of autonomy and dependency.

Finding that the level of dependency had no main
effect on depression may also suggest that an adolescent
inpatient population differs significantly with regard to
issues related to the relationship between gender and
dependency. The relationship between gender and depen­
dency issues could be quite different for: (a) the
adolescent population in general; (b) an adolescent out­
patient population; or (c) adult populations. It is
likely that there are substantially more individuals in
an adolescent inpatient population with developing
personality disorders, than there are in the general
adolescent population. Personality disorders, which
often involve disturbances in the formation of a clear gender identity, may outweigh issues related to gender socialization about dependency needs. Furthermore, much of the literature regarding adult depression continues to reflect adults' increased vulnerability to depression when they experience ongoing, extreme dependency needs.

Hypothesis 2

Hypothesis 2 predicted that there would be no statistically significant differences between high and low dependency subjects' scores on a global measure of depression according to gender. When comparing according to gender alone, neither gender was significantly more likely to be depressed. Female adolescents were not significantly more likely to be depressed than their male counterparts. In addition, none of the four subgroups studied (high dependency females; high dependency males, low dependency females; low dependency males) was more likely to be depressed than the other three. A possible interpretation of this finding is that adolescents trying to settle issues related to dependency by either under-valuing or overvaluing dependent aspects of self may experience similar levels of depression regardless of gender. Male and females in this type of clinical population may be similarly susceptible to either exaggerating or minimizing dependent personality traits, and
thereby experience similar levels of depression.

Clinical experience would support the idea that both male and female adolescents may have overvalued dependency upon others, and could be equally willing to give up self definition to achieve acceptance, support, and approval. Some female subjects may have overvalued dependency because of the culture’s continuing socialization of females to base their sense of self and self-worth upon their ability to create and maintain intimate and care-giving relationships. Unfortunately, females’ gender socialization also often emphasizes devaluing self-care and definition in the service of maintaining a caretaking and dependent role, while remaining rather hyperalert toward others’ (often self-denied) dependency needs. Ideas of femininity are still often linked to dependent features such as pleasing others, minimal expression of self-assertion or anger, and receptivity. Securing intimate (and financially stable) relationships with males (or at the very least the appearance of such), is frequently portrayed to females in an over-valued fashion by the culture at large. Culturally-sanctioned messages emphasizing females supposed greater need or capacity for intimacy and attachment, while males are encouraged to pursue achievement and autonomy can lead to many distortions about who needs what from whom. Girls can often feel more dependent upon relationships for
their sense of self-worth, and as a result may be more reluctant to voice their displeasure, differing opinions, or self-based needs within a relationship context.

Certain males in this study may have overvalued dependent traits due to specific pressures from their families of origin. Although this would be contrary to the typical cultural pattern of male gender socialization, some teenage boys do act in a submissive or dependent fashion in order to gain approval of a dominant parent-figure or, as often, a dominant peer group. Highly dependent males may face the double dilemma of sacrificing aspects of their true selves, and living with the awareness that their behavior is generally not considered "manly" by their culture. High dependency adolescent males may receive strong, negative feedback from others. This, in part, may account for their significant depression.

It should be noted that some female adolescents may try to cope with traditional female sex-role socialization by taking on a more traditionally male identification. Still other female adolescents may have been overtly or covertly encouraged to act more like a male. Therefore, a certain subgroup of female teens may mimic the traditionally male denial and shame about dependency needs. Low dependency females may pay a price for going against the culture's prevailing female socialization.
norms. In a manner similar to high dependency males, low dependency females may experience strong, negative reactions from others. This may account for at least a portion of their depressive experience. And, if like certain high dependency males, some low dependency females go against prevailing cultural norms in acquiescence to a rigid family of origin system, these low dependency females may also be at increased risk for depression.

Prevailing sex-role and dependency issues of socialization have been argued to be detrimental to both males and females. Even though the high dependency females and low dependency males in this study conformed more closely to prevailing cultural norms about dependency issues, they may also be susceptible to depression. Several authors (Arieti & Bemporad 1978; Gjerde, Block & Block, 1988; Gilligan, 1980; Kaplan, 1986; Kegan, 1982; Hollebeek, 1991; Miller, 1976; Pasick, 1991; and, Wetzel, 1978) have written about the detrimental effects of rigid sex role socialization for both males and females.

There was a relatively equal distribution among both high and low dependency subjects, regardless of gender, across the MDI's three levels of severity of depression. Again, gender in combination with level of dependency did not result in significantly increased global levels of depression—for either males or females. In this study,
being female and dependent did not mean you were more likely to be depressed, or more severely depressed, than if you were male and high (or low) in dependent traits; or, if you were a low dependency female.

Possibly, the male and female subjects with moderate or severe levels of depression were in environments that simply did not respond adequately to their particular level of dependency needs. Perhaps a relatively equal proportion of all four subgroups lived in home environments that were not "good fits" in relation to their individual dependency needs. This may reflect Wetzel's (1978) research findings which stressed the importance of congruence between individual’s autonomy-dependency needs, and their families’ willingness to help fulfill those needs. Perhaps with an inpatient population, there would be more reason to expect that the adolescent subjects’ family members would have difficulty adequately responding to their teenagers’ emotional needs.

For example, the family of a dependent male or female may overtly or covertly block that young person’s relatively underdeveloped autonomy or differentiation needs. For the autonomous male or female adolescent, the family may block or simply be indifferent toward that individual’s attempts at open declarations and/or pursual of basic dependency needs. Consideration of the possible meanings of the findings related to both Hypotheses 1 and
2 should take into account the nature of the family's reaction to each adolescent's stance toward dependency; particularly, how that might impact adolescent depression. Another potential factor to consider is that perhaps within the low dependency male and female adolescents groups were subjects with needs to strongly deny psychological problems like depression. Also, certain low dependency subjects may have experienced and acknowledged a depression that sprang from a felt need to strongly deny their own needs for affection, approval, support, and guidance. As noted in the literature review (Meth & Pasick, 1990; Schneider, 1982; Stiver, 1984; Wortman, 1981), individuals who deny their dependency needs often have great difficulty adequately getting those needs met.

Low dependency males and high dependency females may take their gender's socialization about dependency issues to its most extreme. Rigidity on such universal, and complex needs is very likely to lend itself to the creation of psychological symptoms— including depression. High dependency male and female adolescents could also have relatively equal numbers of representatives in the significantly depressed group. This might be the result of denying their own psychological self-creation, and needs for differentiation and greater autonomy from the family.

In summary, it may be suggested that each of the
four subgroups included in this study, have some unique and some similar reasons for experiencing (fairly equal) levels of depression.

Discussion of Significant Findings of Hypotheses Testing Related to Specific Depressive Symptoms

Although there were not significant differences based on gender, level of dependency, or an interaction of those two factors on the global outcome measure of depression, there were significant differences found for 3 of the 10 symptoms of depression. These significant differences found for three of the specific depressive symptoms were based either on: (1) a difference of gender alone; (2) a difference of dependency level alone; or, (3) an interaction between gender and level or dependency.

It would appear that an important conclusion of this study may be that a single score measure of depression is more likely to obscure important information, as compared to a multiscore depression measure. Helpful information about how gender and dependency impact depression, may not be evident when a single-score depression measure is used.

Hypothesis 2a stated that there would be no statistically significant differences among: high dependency females', high dependency males', low dependency
females', and low dependency males' MDI Low Energy subscale scores. Both the low dependency males and the high dependency females showed significantly more Low Energy symptoms, due to a dependency level by gender interaction effect. Of the four subgroups included in this study, it was the male adolescent with below the norm levels of dependent personality traits, and the female adolescent with above the norm levels of dependent personality traits who described significantly more depressive symptoms related to low energy. The type of low energy symptoms included in this subscale were: lack of zest and vitality; a need for more sleep, feeling weak, tired, or worn out, and feeling sluggish or slowed down.

This finding may mean that those adolescents who most rigidly incorporate the culturally-dominant stance toward dependency issues for their gender, suffer the most depressive symptoms of fatigue, lack of zest, and psychomotor retardation.

These subjects' increased levels of fatigue may be a symptoms of their disconnection from parts of their true selves, resulting from an overidentification with a particular significant other and/or culturally sanctioned role. This stance may spring from an anticipation of being punished for a more balanced stance toward dependency issues, or for pursuing their own unique psycho-
Hypothesis 2a stated that there would be no statistically significant differences among: high dependency females', high dependency males', low dependency females', and low dependency males' scores on the MDI Irritability subscale scores. However, all of the male subjects in this study reported significantly more irritability symptoms in comparison to all the female subjects.

Female subjects, regardless of dependency level, endorsed significantly fewer symptoms related to irritation and anger. The type of irritability symptoms included in this subscale were: arguing; exploding with anger and frustration; being "hotheaded", short-tempered, "nasty-tempered," or easily provoked; or often being annoyed.

This is not a surprising finding given all the literature which reflects the problems females have in openly acknowledging and directly expressing anger, and the fact that males are subjected to pressure to have and express anger. In addition, much is known about how our culture gives more permission to males, and pressures them, to express their feelings via an overemphasis upon anger and even aggression. Anger may be the prototypical emotion that boys and men typically feel the most comfortable acknowledging. Anger is much less likely to be
experienced as a threat to their gender identity. The relative weight given to biological, socialization, or some combination of those factors to make sense of the higher levels of angry and aggressive behaviors by males remains variable in the scientific debate. Whether or not hormonal or other biological factors play the predominant role in the greater open expression of anger and/or aggression by males remains unknown.

The findings that females are significantly less likely to openly endorse symptoms of irritability and anger, lends further support to such clinicians as Arieti (1978); Baker & Miller (1976); and Kaplan (1986), who have all made note of how females are much more likely to be socialized to inhibit anger and self-assertion. These authors have pointed out that while assertiveness in service of one’s friend, child, spouse, or significant other may not be discouraged in girls and women, assertiveness in service of one’s self is still frequently characterized as selfish, immoral, or not feminine. Angry assertion in service of one’s self is often vigorously discouraged. These messages are definite threats to the self-esteem and clear gender identity formation for females.

The data related to the significant differences around the depressive symptom of irritability appear to confirm the widely-prevalent conclusion in the literature
that when hurt or deprivation is experienced, males are more likely to convert their feelings to anger. However, females appear more likely to focus primarily on their feelings of hurt or deprivation, and either internalize, deny or minimize anger. In addition, high dependency females are more likely to believe they would be jeopardizing their ability to both give and receive emotional support or approval. However, high dependency females are not unique in their need to minimize anger.

In addition to the finding of a main effect of gender on the symptom of irritability, a second main effect of dependency level was also found. All subjects in the low dependency group acknowledged significantly more irritability than the subjects in the high dependency group. This finding makes both clinical and intuitive sense. One would expect anyone who feels highly dependent to be more reluctant to openly voice anger or irritation, out of fear of potentially losing perceived crucial support, comfort, affection, and guidance from their dominant and significant others. High dependency male and female teen described significantly less anger and irritability than male and female adolescents with low levels of dependent traits.

It is interesting that unlike the findings related to symptoms of low energy and learned helplessness, there were no interaction effects found between gender and
specific levels of dependency upon the symptom of irritability. It does not appear that maleness, in combination with low dependency, significantly increases the severity of anger-related symptoms beyond what would already be accounted for by gender and low levels of dependency in and of themselves. Being male and being low in dependent personality traits, did not mean you were more likely to endorse even higher levels of irritability than could be accounted for by gender and low dependence factors alone.

It seems that boys may be more likely to be clear that they are angry, but less clear on what they are angry about, while girls continue to believe it is not all right to even be angry. However, it is also clear that when any teen feels highly dependent, they are much more likely than their low dependency peers to deny or minimize irritation and anger.

Hypothesis 2i stated that there would be no statistically significant differences between: high dependency females', high dependency males', low dependency females', and low dependency males' scores on the MDI Learned Helplessness subscale scores.

Learned helplessness was defined as strong perceptions of noncontingent reinforcement; or, feelings of helplessness about actively and directly affecting positive change in one’s life via one’s own efforts. The
type of learned helplessness symptoms included in this subscale were feelings of lack of control; unwillingness to try again; not wanting to face problems' and lack of hope.

As was found with the depressive symptoms of low energy, it was the low dependency males and the high dependency females who demonstrated significantly more feelings of learned helplessness. It may be those teenagers who rigidly internalize their gender's culturally-sanctioned stereotyped stance toward dependency issues who experience the most intense feelings of learned helplessness. That low dependency males and high dependency females experience the greatest amounts of learned helplessness makes both intuitive and clinical sense. Highly dependent females are more likely to be reinforced by the predominant culture to avoid greater exposure to experiences that lead to positive, self-initiated outcomes for their own personal goals and growth.

On the other hand, low dependency males are more likely to be reinforced by the predominant culture to avoid experiences that could help them build confidence in their ability to make a difference in their own lives within the affective domain. Rather, having learned to deny or minimize dependency needs to a greater extent, these boys may be even less likely than their low dependency female peers to actively pursue emotionally
dependent relationships. Open acknowledgement of feelings of dependency upon others for support, encouragement, love or guidance may seem unacceptable; therefore, how is one supposed to be able to make an effective personal contribution toward getting those needs met? It seems understandable that many low dependency adolescent males would feel helpless or powerless to make a substantial contribution toward effective fulfillment of their dependency needs. Instead, they are more likely to be encouraged to accomplish, or produce as the main method of building a sense of self and self-worth (Farrell, 1986; Hollebeek, 1991;, Meth & Pasick, 1990). If they also encounter blocks to accomplishment, low dependency teenage boys may experience very intense levels of learned helplessness.

Either an overemphasis on dependency for females or an overemphasis on autonomy for males appears to be the most pernicious combination that may lead to significantly increased depressive symptoms of both low energy and learned helplessness. What may be the most puzzling issue here is why subjects in the two subgroups, which took their gender's socialization regarding dependency to its extreme, were not found to struggle with significantly higher levels of the remaining MDI depressive symptoms.

The findings related to specific depressive symptoms
in this study, are commensurate with the previous research of Gjerde, Block & Block (1988); and Hirschfeld et al., (1984). These researchers questioned other researchers' conclusions that a singular personality attribute, such as strong or excessive dependency, contributes in a direct and causal fashion to an increased likelihood of depression.

In addition, Klein et al., (1988) and Liebowitz, Stallone, Dunner, & Fieve (1979) concluded that measured aspects of personality—specifically dependency, were subject to strong state-related effects. This type of chicken-or-egg dilemma cannot be forgotten when considering the relationship between dependency and depression in adolescents. It may be that those adolescents who describe themselves as both significantly depressed and highly dependent, would not describe themselves as highly dependent once their depressive symptoms abated.

Gjerde, Block & Block (1988) also specifically noted that adolescents sometimes express their depression differently from adults, and that often depression in boys is embedded in the context of a conduct disorder. A conduct disorder diagnosis often contains elements of angry acting out.

Unlike Hirschfeld, et al., (1984), however, this study did find that there were interaction effects between gender and learned helplessness in adolescents.
It should be noted that Hirschfeld, et al., (1984) studied adults. Like Hirschfeld, et al., (1984), however, this study also did not find a significant gender difference on the frequency of occurrence of dependent personality traits.

Like Gjerde, Block & Block (1988), this study did find that on issues related to excessive anger and irritability as a specific depressive symptom, gender was found to have a significant main effect on that symptom. Boys were much more likely than the girls to acknowledge irritability and temper problems on a self-report measure like the MDI. It should be stressed, however, that when dependency was the factor of interest, all high dependency adolescents were significantly less likely than their low dependency counterparts to acknowledge anger or irritation as depressive symptoms.

Discussion of Nonsignificant Findings of Hypotheses Testing Related to Specific Depressive Symptoms

This study found no statistically significant main or interaction effects for the remaining seven specific depressive symptoms of cognitive difficulty, guilt, low self-esteem, social introversion, pessimism, sad mood, and instrumental helplessness. Why these particular symptoms should be equally influenced by factors of both gender and dependency level, while differential relation-
ships between those factors were found on symptoms of low energy, learned helplessness, and irritability remains unclear. This is particularly puzzling given other research that has found gender differences on specific depressive symptoms. Specifically, Gjerde, Block & Block (1988) did find teenage girls had more depressive symptoms related to rumination and low self-esteem, in comparison to teenage boys. Funabiki, Bologna, Pepping & Fitzgerald (1980) also found that depressed females were more likely than males to: (1) make self-deprecatory statements; (2) avoid group social situations; and (3) talk to a close friend about their problems. Based upon previous research, one might expect the female subjects of this study to have higher scores than their male counterparts on the following MDI subscales: Cognitive Difficulty, Low Self-Esteem, and Social Introversion. However, differential findings based upon gender alone, or upon interactions of gender with level of dependency, were not found for these depressive symptoms.

Discussion of MAPI Personality Style Frequency Data

As described in the review of literature, Millon (1981) concluded that persons with a passive dependent pattern to their personality were especially vulnerable to developing depression. Millon (1981) also concluded that the most likely combinations of personality path-
those with a significant dependent component to their personality style were either dependent-avoidant mixed personality, or a dependent-histrionic mixed personality. The MAPI two-point codes for these two mixed personalities would be 3-2 and 3-4 respectively.

This research also examined MAPI two-point personality codes in order to discover which prominent personality styles were most frequently associated with: (a) high and low levels of dependency according to gender; and, (b) severity of depression according to both gender and dependency level in an adolescent inpatient population. These findings were presented in Tables 1 through 12. The goal of examining the MAPI two-point code frequency data was to discover any potential patterns of relationships between: personality style, high and low dependency, and significant depression. Level of severity of depression was noted for all four subgroups to see if corresponding patterns of personality were identifiable for those who acknowledged minimal, moderate and severe depression.

Contrary to Millon’s (1981) conclusions the subjects with high levels of dependent personality traits as part of their two most prominent personality styles were generally not found with avoidant dependent (2-3/3-2), or histrionic-dependent (4-3/3-4) MAPI two-point codes. Millon’s anticipated most common two-point codes for
dependent subjects were found for only 18% of the high dependency female adolescents, and only 9% of the high dependency male adolescents.

In addition, those subjects with a dependent personality style as 1/2 of their two most prominent MAPI personality style scales, were represented exclusively in the minimal and moderate MDI depression classifications.

This is not to say that Millon's (1981) formulations would be totally erroneous for a portion of the frequency data. Rather, it may be more helpful and accurate to think in terms of "three-point codes" for the high dependency subjects, since all high dependency subjects did have a clinically significant level of dependent personality traits in addition to other, more prominent personality styles.

All high dependency subjects’ two-point codes were in addition to, or contained an element of, a dependent personality style. This means that 74% of high dependency females and 61% of the high dependency males were reporting significant depression, as Millon (1981) predicted.

However, those adolescents found within the severe depression range of the MDI Full Scale score were almost exclusively found to have a 2-8/8-2 MAPI two-point code—regardless of their dependency level. This is the avoidant/passive-aggressive personality style combina-
tion. It appears that actively avoiding opportunities to have dependency needs met, and/or actively vacillating in a negativistic way about the likelihood or acceptability of getting one's needs met is the one particular combination of personality traits that is most often associated with the severest levels of depression in an adolescent inpatient population. While highly dependent males and females were frequently avoidant and passive-aggressive, so were their low dependency counterparts. It may be most correct to say that it is the combination of three elements: active ambivalence, active avoidance, and either a high or low (extreme) level of dependency which are most often associated with severe depression in adolescence. It may be that when adolescents who either minimize or overvalue dependency needs also actively avoid resolving their ambivalence, they are most prone to severe depression. Since extreme autonomy, dependency, and avoidance of others all usually contain some aspect of conflict or ambivalence, this study may point to the importance of understanding the ways very depressed adolescents actively avoid resolving strong ambivalence related to dependency - autonomy issues.

This would be consistent with Watchman's (1986) research which found that adolescents with a 2-8-3 MAPI code type were described as depressed, anxious, moody, and distressed. These results would also be quite consis-
tent with other previous MAPI research (Fons, 1988; Green, 1986; Kashani, Stober, Rosenberg, & Reid, 1988; and Levine, Green & Millon, 1986) which found that significant elevations on MAPI scales 2 (avoidant) and 8 (passive-aggressive) were most often associated with significant emotional disturbance in adolescents.

Trenerry, Pantle & Zimbleman (1988) also found that significant elevations of MAPI's scales 2 (avoidant) and 3 (dependent) were correlated with significant elevations on the Rorschach's Depression Index (Exner, 1986). In this current study, however, only elevations of MAPI scale 2 (avoidant) when combined with elevations on MAPI scale 8, were so consistently associated with the most severe levels of depression. While the high dependency subjects could be said to have a MAPI "three point code" of 2-8-3, the low dependency subjects obviously could not. This is because to qualify for inclusion in the low dependency comparison group, by definition, scale three could not be elevated to a level indicative of significant dependent personality traits. And yet, like the high dependency subjects, the low dependency subjects contained within the MDI severe depression category, were also almost exclusively found to have a 2-8/8-2 (avoidant/passive-aggressive) MAPI two-point code. This means that it was probably not exclusively the additional high dependency traits that could best explain the severe
levels of depression for the 2-8 high dependency sub-
jects. These frequency data give further credence to the
conclusions related to Hypothesis 1, which found that
high dependency did not leave adolescents more vulnerable
to depression. High dependency is clearly not more often
associated with the most severe levels of depression, in
comparison with low dependency, for the 2-8/8-2 MAPI
personality style combination.

In this study neither gender, nor high dependency
alone, appears to be the crucial variable associated with
the most serious levels of depression. Rather, it is
those adolescents with clinically significant levels of
both avoidant and passive aggressive personality traits
in combination with either very high or very low depen-
dency needs, who may be at the most risk for development
of severe depression. These MAPI high 3-2-8 and low 3-2-
8 adolescents described the most serious levels of
depression on the MDI. Whether or not adolescents who
report more moderate levels of dependency needs would
also show a similar MAPI personality style pattern, and
severe depression remains unknown.

In terms of Millon’s schema of personality, it was
those adolescents with prominent active-detached and
active-ambivalent personality traits whose self-reports
reflected the most severe levels of depression. Rather
than qualities of passivity (which would be better
represented by MAPI scales 1, 3, 5 and 7) leaving individuals most vulnerable to serious affective disorders, it appears that active avoidance and active ambivalence leave adolescents experiencing and describing strong depressions.

Nietzel and Harris (1990) described the role of ambivalence in dependent individuals. These authors saw dependent persons as "pulling for friendly dominance from others", but then rejecting this to avoid becoming further convinced of their own inadequacies. In contrast to Neitzel and Harris (1990) these data support the crucial role of ambivalence in depression for autonomous as well as dependent individuals.

This "push-pull" of trait-related ambivalence may also capture what Stiver described when she proposed that dependency per se does not result in depression or other pathology. Rather, Stiver (1984) contended it was only when the person asking to depend also makes it difficult to impossible to gratify their dependency needs, that symptom formation begins.

Kegan (1982) also stressed the crucial role of a natural ambivalence or tension between integration (most often associated with dependency), and differentiation (most often associated with autonomy). He conceptualized depression as a natural expression of the pain of "radical doubt" (unresolved ambivalence) about how a
person defines: what is subject and object; self and other. The loss of previous ways of creating meaning, and the yet uncompleted resolution of a new way of making sense of the autonomy-dependency tension are seen as leading to various subtypes of depression. Kegan (1982) was clear about his views that ambivalence has a great deal to do with significant depression; and that ambivalence probably plays a greater role than either dependency or gender issues.

While severely depressed subjects almost exclusively demonstrated a single dominant MAPI two-point code, the minimally depressed subjects showed more variety of personality style patterns. As Millon (1981) has noted, individuals with prominent narcissistic, antisocial, histrionic, or obsessive-compulsive personality traits were less likely to describe significant levels of depression. Therefore, not surprisingly, subjects with these personality styles were almost exclusively found within the minimal depression category of the MDI.

The two exceptions to this were also exceptions to the general finding that severely depressed subjects had a 2-8 MAPI two-point code. Two low dependency female adolescents with antisocial/passive-aggressive (6-8) MAPI two-point codes also described a severe level of depression.

However, with few exceptions, both low and high
dependency males and females with prominent narcissistic antisocial or histrionic personality styles also reported minimal depression. As Millon (1981) noted: "since depression is not consistent with the narcissist's self-image, it rarely endures for extended periods of time..." (Millon, 1981, p.170). Millon (1981) also noted that persons with antisocial personality features are unwilling to tolerate extended periods of psychic discomfort, and therefore, their defenses are geared toward rapid relief via impulsive acting out. Similarly, Millon (1981) viewed histrionics as more likely to struggle with mild depression prompted by a sense of emptiness or inactivity; or, dysthymia or agitated depression rather than the more severe major depression. Again, frequency data supports Millon's views of the role of these personality features in minimizing sustained experiences of significant, and especially severe depression.

Similarly, whereas Millon (1981) has noted a split for obsessive-compulsive persons among major depression, agitated depression, and dysthymia for types of affective disorders experienced, the frequency data of this study found that most adolescents with a prominent obsessive-compulsive personality traits reported minimal depression. However, a total of seven subjects from the four subgroups whose MAPI two-point code contained an obses-
sive-compulsive element did report a moderate depression on their MDI. As Millon concluded, it appears somewhat more difficult to generalize about the severity of depression experienced by an obsessive-compulsive individual.

And as it was hard to generalize about the teenagers with prominent obsessive-compulsive traits, it was even more difficult to generalize about the entire group of subjects whose MDI Full Scale score resulted in a moderate level of depression. In comparison to the minimally and severely depressed subjects of this study, it was impossible to identify distinctive personality style patterns for the moderately depressed subjects. Those adolescents who experience moderate levels of depression appear to be a much more heterogeneous group, and therefore, showed little commonality of personality style.

Limitations

A number of variables need to be kept in mind when drawing possible conclusions from this study. First of all, the fact that this was an inpatient population, which likely differs substantially from the general adolescent population needs to be remembered. Hospitalized adolescents are probably more likely to struggle with the precursors of a fully-developed personality disorder, in comparison to both a nonclinical adolescent
population and an adolescent outpatient population.

Another limitation of this study is that both the measure of dependency and the measure of depression were self-report instruments. Other types of data such as projective assessment or independent observers' behavioral ratings were not available for either level of depression or dependency. This is a significant limitation since certain subjects with particular dominant personality styles are very likely to defensively avoid both reporting symptoms of depression or acknowledging basic dependency needs. Other adolescents might be motivated to exaggerate either dependent behaviors or their psychological distress on self-report measures. Still other subjects might have been motivated to minimize their distress to gain quick discharge from a hospital environment.

Finally, the lack of data regarding how adequately family members and other significant support persons responded to these adolescents' unique dependency needs must also be kept in mind. How many genuine "mismatches" occurred between what an adolescent subject needed and what they received related to dependency issues, is unknown. The potential lack of an adequate sustaining environment for these subjects cannot be minimized. Certainly, this would be an important factor to bear in mind when measuring adolescent depression and its
relationship to dependency and gender. However, the collection of such data was beyond the scope of this study.

Suggestion for Future Research

Given the nature of the limitations of this study, future research appears to be called for to determine whether similar findings would be replicated using an outpatient or nonclinical adolescent population as subjects. Whether similar findings would be replicated with adult inpatients or outpatients could also be useful information.

Furthermore, factors not adequately measured or included in this study: a projective component to the assessment of both depression and dependency; independent observers’ ratings regarding subjects overt depressive and dependent behaviors; and, a systematic measure of how adequately level of dependency needs were responded to by significant others, might be included in any future research.
Appendix A

Letter of Approval From Research Director
of Pine Rest Christian Hospital
September 2, 1992
Edward L. Trembley, D.Ed.
Department of Counselor Education &
Counseling Psychology
Western Michigan University
Kalamazoo, MI 49008

Dear Dr. Trembley:

This letter is to confirm that Cathy Kubik had permission to use
research data at Pine Rest Christian Hospital for her doctoral
dissertation work at Western Michigan University.

Sincerely yours,

Harry L. Fiersma, Ph.D.
Director of Research & Psychology Training
Diplomate in Clinical Psychology
American Board of Professional Psychology (ABPP)
Appendix B

Letter of Approval From Human Subjects
Institutional Review Board of
Western Michigan University
Date: February 3, 1993
To: Cathy Kubik
From: M. Michele Burnette, Chair
Re: HSIRB Project Number 93-01-18

This letter will serve as confirmation that your research protocol, "The relationship between dependency, depression and gender in adolescent inpatients" has been approved under the exempt category of review by the HSIRB. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the approval application.

You must seek reapproval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: February 3, 1994

xc: Trembley, CECP
BIBLIOGRAPHY


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