Running head: CODEPENDENT

Codependency: A New Personality Disorder?

Lisa Caccamise

Salisbury State University

Salisbury STATE UNIVERSITY

COMPLETION OF THESIS

MEMO TO DIRECTOR OF GRADUATE STUDIES:

This is to certify that on May 17, 1996
(date)

Lisa Caccamise successfully completed the
(name of student)

oral defense of his/her Thesis entitled Codependency: A New Personality Disorder?

presented in partial fulfillment of the requirements for the Master of Arts degree in Psychology.

Thesis Committee Chairman

Thesis Committee Member

George Whitehead
Thesis Committee Member

DEPARTMENT OF PSYCHOLOGY
Salisbury, Maryland 21801-6837
(301) 543-6370 ■ TTY (301) 543-6083 ■ FAX (301) 543-6068

Abstract

The purpose of the present study was to clarify the concept of codependency by comparing codependent, borderline, and dependent personality traits, and to explore the cognitive schema of each of these personality types. One hundred seventy-four undergraduate students from Salisbury State University were administered the Potter-Efron Codependency Scale (Potter-Efron & Potter-Efron, 1989) to assess eight areas thought to be relevant to the concept of codependency. The MCMI-II (Millon, 1987) was used to measure dependent and borderline personality traits, and the Dysfunctional Attitude Scale (Burns, 1980) was used to look at cognitive schema for these three personality groups. Pearson Product Moment correlations were computed and revealed a significant positive correlation of r=.73 between codependent and borderline traits. No correlation was found between dependent traits and codependency. Codependent and borderline personality traits were also similarly correlated with specific cognitive schema. Both showed significant inverse correlations with all seven areas of the DAS. Dependent personality traits were positively correlated with perfectionism and inversely correlated with approval and omnipotence.

Codependency: A New Personality Disorder?

The term "codependency" has become increasingly popular in the last several years and has been used in many different contexts from alcoholism to domestic violence. The word "codependency" originates from the term "coalcoholic" and was originally used to refer to the spouse or family of an alcoholic (Edwards, Harvey, & Whitehead, 1973). The creation of Alcoholics Anonymous in 1935 was the first organized attempt by lay persons to recognize and treat alcoholism. In the early 1940s, the spouses of AA members began to meet informally to discuss their own roles in the recovery of their significant other. Al-Anon, an official support group for spouses of alcoholics, was formally established in the 1950s. With the beginning of Al-Anon, the focus shifted from the alcoholic to the problems that alcoholism created within the family system. The term "coalcoholic" continued to be used into the 1970s and was the subject of a book by Jo Coudert (1972) entitled The Alcoholic In Your Life. The phrase "codependent" most likely came about when the term "chemical dependency" began to be used to describe addictions to alcohol as well as other drugs (Wegscheider-Cruse, 1985b). "Codependent" is actually a much more accurate term because the prefix "co" assumes that both people in the relationship are dependent. The alcoholic is dependent on his addiction, and his spouse is dependent on the need to take care of the alcoholic. The word "coalcoholic" is misleading because only

one partner is generally an alcoholic (O'Brien & Gaborit, 1992; Mendenhall, 1989).

Although codependency was originally used in the chemical dependency field, the term became prevalent in the 1980s in self-help literature, such as Codependent No More (Beattie, 1987) and Codependence: Misunderstood-Mistreated (Schaef, 1986). Support groups, such as Codependents Anonymous, have helped increase the popularity of codependency as well. Through this expansion of the term "codependency", its' definition has shifted from the original addictions definition to include anyone who is in a relationship which is physically and/or emotionally damaging (Cowan & Warren, 1994). A study done by O'Brien & Gaborit (1992) found that codependency is actually a unique disorder, which exists independently of chemical dependency, and therefore may describe other types of relationships as well.

Although codependency has not been examined in depth by psychologists, an increasing number of mental health professionals are becoming interested in how to identify, assess, and treat codependents. As this occurs, it becomes evident that the diagnosis of codependency is conspicuously missing from the Diagnostic and Statistical Manual of Mental Disorders (DSM). Because codependency may be close to being legitimized by the mental health field, it needs to be specifically defined and supported by empirical research, so that it can be included in the next edition of the

DSM. If codependency can be defined, researched, and established as a valid disorder, it would help not only with treatment, but possibly with prevention of the disorder as well.

As the term becomes more popular and the field begins to expand, the concept of codependency becomes even more confusing. The wide variety of definitions, symptoms, theories, and assessment and treatment techniques have yet to be standardized. As Harper & Capdevila (1990) explain, definitions of codependency are very diverse, ranging from its description as a "primary disease" (Young, 1987; Wegscheider, 1981) to its definition as "an emotional, psychological and behavioral condition" (Friel, Subby & Friel, 1984). Agreement needs to be made on a definition of codependency. In doing this, vocabulary needs to be chosen that is clear and understandable not only for professionals, but for clients as well (Mendenhall, 1989).

The purpose of this study was to investigate and define the term "codependency" and to use empirical research to aid in establishing a universal definition of the term. Codependency was compared with dependent and borderline personality traits to determine whether codependency was correlated with characteristics or cognitive schema related to these traits. It was hypothesized that there would be positive correlations between dependent, borderline, and codependent personality traits, thus negating the need for a separate diagnostic category in the DSM.

Dependent Personality Disorder is defined in the DSM-IV (1994) as including:

> a pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, difficulty making everyday decisions without excessive advice and reassurance, a need for others to assume responsibility for his or her life, difficulty expressing disagreements with others because of fear of loss of support and approval, difficulty initiating projects on their own, going to excessive lengths to obtain nurturance and support from others, feelings of helplessness and unrealistic fears of being alone, and a constant need to be involved in a relationship (DSM-IV, 1994, p. 668-669).

"Interpersonal dependency refers to a complex of thoughts, beliefs, feelings, and behaviors which revolve around the need to associate closely with, interact with, and rely upon valued other people" (Hirschfeld et al., 1977, p. 610). The components of interpersonal dependency are emotional reliance on another person and lack of social self-confidence and autonomy (Hirschfeld et al., 1977). Dependency centers around views of the self and one's interactions with others, with values being placed on friendship, intimacy, and interdependency. It is also associated with suggestibility, yielding to others and compliance with others' demands. An excess of interpersonal dependency could be related to

depression, alcoholism, or other psychological disorders and has been found more in psychiatric patients than in normal populations (Hirschfeld et al., 1977).

The issue of dependency has been addressed by both psychodynamic theory and social learning theory. Psychodynamic theory explains dependency as being linked to the oral stage of development. It focuses on the availability of the caretaker to the child as well as the quality of the infant-caretaker relationship. Overprotectiveness and neglect could both result in an adult who is very dependent on others. It is unclear, however, whether parental overprotectiveness predicts development of dependent behavior in children or whether the children encourage overprotective behavior from the parents (Hirschfeld et al., 1977).

Social learning theory states that the primary caregiver provides biological and psychological gratification to the infant and in doing so, becomes a secondary reinforcer. This generalizes to other potential caregivers as well. As the child grows up, he adopts the cognitive style of "I am powerless, helpless, and depressed." Both of these theories predict that people are conflicted about their dependency needs. Both theories also point to cognitive schema as the primary determinant of behaviors exhibited by dependents in different settings (Hirschfeld et al., 1977).

The descriptions of dependent personality appear to be very

similar to those of codependents. In his study, Morgan (1991) discussed several definitions of dependency. Morgan referred to Abraham (1924) who noted that dependent patients believe that there will always be someone there to take care of them and meet their needs. Fromm (1947) talked about people who are very receptive to others and are not only dependent on figures in authority, but also on others, for any kind of support. Kraepelin (1913) also spoke about how easily dependent patients are usually seduced by others. In his study, Morgan used this prior research as a basis to establish similarities between codependency and Dependent Personality Disorder. He stated "Of all the personality disorders, codependency is the most similar to Dependent Personality Disorder" (1991, p.725). Morgan also cited Mellody (1989) who said that the closest references to codependency are found in descriptions of Dependent Personality Disorder. Cermak (1986) also stated that although codependency may be related to several disorders, that it most closely resembles Dependent Personality Disorder.

According to the DSM-IV (1994), the characteristics of Borderline Personality Disorder include:

> efforts to avoid real or imagined abandonment, patterns of unstable and intense interpersonal relationships, alternating between idealization and devaluation, identity disturbance, impulsivity, recurrent suicidal behavior, instability of mood, chronic feelings of emptiness, and

transient stress related to paranoid ideation or dissociation (DSM-IV, 1994, p. 654).

Borderline patients have been defined as having problems with "inadequate regulation of feelings caused by a vulnerable temperament and an unresponsive social and family environment" ("Borderline III", 1994). They have not become autonomous enough to learn when to trust their own emotional responses, therefore they must observe others in their environment to get signals about how to act and feel. Borderlines are highly sensitive and responsive to emotional stimuli and seem to be in a constant state of crisis. Their crises may be marked by angry outbursts, suicide attempts, drug or alcohol abuse and other forms of impulsive, self-damaging behavior. Borderlines act out in this impulsive manner because they have not learned how to soothe themselves and redirect their attention ("Borderline III", 1994). Other symptoms of borderline personality include instability in mood, thinking, personal relations and self image. Borderlines can be very difficult to live or work with because they can't bear to be alone and constantly demand attention. They plague their family and friends with unreasonable demands, provocative behavior, tantrums, hypochondriacal complaints, and suicidal threats. They tend to be chronically angry, quick to take offense, and easily depressed ("Borderline I & II", 1994). They may shift between idealizing another person and rejecting them, causing their intense

attachments to alternate with sudden breakups. These attachments are usually very clingy, which is thought to be related to either parental overprotectiveness or neglect during childhood.

Empirical studies have shown that early family environment affects the development of Borderline Personality Disorder (BPD). Zweig-Frank & Paris (1991) investigated the hypothesis of Adler (1985), who suggested that the sense of aloneness in BPD patients might be due to their parents' unavailability to them as children. Zweig-Frank & Paris (1991) also examined the views of Masterson and Rinsley (1975), who suggested that pathological enmeshment, such as overprotectiveness, could also interfere with autonomous development. Based on the developmental theory of Mahler et al. (1975), Masterson and Rinsley (1975) asserted that if mothers are only available selectively during the separation/individuation phase of development, it may predispose children to the development of Borderline Personality Disorder. These ideas were empirically investigated by Zweig-Frank & Paris (1991), using both patient recollection and direct observation of families. Results indicated that BPD patients remembered their parents as both emotionally neglectful and overprotective. Borderline Personality Disorder was the only pathology in which both maternal overinvolvement and inconsistency in care coexisted.

Weaver & Clum (1993) reported that BPD patients had family histories of both sexual and physical abuse and witnessing

violence. They also reported some early separation from families. BPD patients usually have intense wishes to be nurtured and taken care of, and to them, abandonment signifies rejection (Meissner, 1984). Weaver & Clum (1993) concluded that while physical abuse and early separation may contribute to BPD, the only statistically significant predictor of BPD was chronic, severe sexual abuse.

Goldman, D'Angelo, & DeMaso (1993) examined two approaches to psychopathology within families of borderline children. The first approach described family interactional patterns that may be etiologically associated with the disorder. For example, Gunderson et al.(1980) described the contribution of a marital bond that may be so rigid that it excludes the children. Links et al.(1990) have speculated that both parents failing to carry out their parental functions may be a factor, especially when coupled with earlier abuse. The second approach states that families of borderline children have higher rates of affective disorders, antisocial disorders, and substance abuse. Goldman et al.(1993) examined two outpatient groups: (1) BPD patients and (2) patients without BPD. The results of the study showed that 77% of the borderline children had at least one family member with a history of psychopathology, compared to 44% of the comparison group. Substance abuse was the primary disorder and was found in 50% of the families. This data indicates an important link between families of BPD patients and substance abuse, which could be a similarity between BPD patients

and codependents.

Other similarities can be found in the defense mechanisms commonly used by borderlines. One defense mechanism is "splitting". Splitting is a technique in which borderlines see people as either all good or all bad. Feelings about a person may be good until limits are set, and then the borderline will suddenly shift to seeing that person as bad (Wester, 1989). This mechanism, also referred to as "black and white" thinking, is described by Potter-Efron & Potter-Efron (1989a) as one of the eight characteristics that determines codependency. They depict codependents as very rigid individuals, stating that "codependents tend to grasp at whatever structure they can find" (Potter-Efron & Potter-Efron, 1989a, p.47). They demonstrate this rigidity through "all good or bad" or "black & white" thought patterns and often become stuck in one behavior or feeling (Potter-Efron & Potter-Efron, 1989a).

In order to identify other similarities between codependent, dependent, and borderline personality traits, it may be helpful to examine the definitions of codependency that are available. The medical model of codependency focuses on describing the symptoms and the course of the illness, its' etiology, and treatment. Cermak's (1986) model of codependency uses diagnostic criteria to take the medical model to its logical conclusion as a candidate for inclusion in the Diagnostic and Statistical Manual. These criteria

include:

> (1) continual investment of self-esteem in the ability to influence/control feelings and behaviors in self and others in the face of obvious adverse consequences, (2) an assumption of responsibility for meeting others' needs to the exclusion of acknowledging one's own needs, (3) anxiety and boundary distortions in situations of intimacy and separation, (4) enmeshment in relationships with personality disordered, drug dependent and impulse disordered individuals, and (5) exhibiting (in any combination of 3 or more) construction of emotions with or without dramatic outbursts, depression, hypervigilance, compulsions, anxiety, excessive reliance on denial, substance abuse, recurrent physical or sexual abuse, stress related medical illness and/or a primary relationship with an active substance abuser for at least 2 years without seeking outside support (p.16-17).

Whitfield (1989) also uses the medical model to define codependency as "any suffering and/or dysfunction that is associated with or results from focusing on the need and behaviors of others"(p.19). He further expanded this definition by saying that codependency is an "illness with a recognizable, diagnosable, and treatable range of symptoms, and a chronic and progressive prognosis" (Whitfield, 1984, p. 16-25). Cowan and Warren (1994)

believe codependency to be a pathology as well and state that the major characteristic of codependency is extreme dependence on and preoccupation with another person, usually but not always a substance abuser. Friel & Friel (as cited in Collins, 1993) stated that it is important to realize that codependency may actually be a "primary disease." This suggests that the individual does not "become" codependent due to a relationship, but that the person is already codependent, and gets into a bad relationship because of this pre-existing condition (Friel & Friel, 1988). Collins (1993) also examined the "self-in-relation" perspective on codependency which sees the codependent's problems as "arising from the difficulties they experience in trying to maintain connections while also assuring their own needs and desires" (p. 474). This perspective focuses on "how to create the societal context within which growth-producing relationships can flourish" (p.474).

In addition to the aforementioned, family systems theories have also served as models for codependency. Family systems theory states that the members of a family interact with each other in complex patterns which have reciprocal causal effects (Berk, 1989). Early researchers of codependency in the alcoholism treatment field identified two models of codependency that are related to the interactive roles of family members as described by family systems theories. The first model is the "disturbed personality" theory which states that the spouse of an alcoholic contributes to their

partner's addiction because of their own disturbed personality needs. This model believes that codependency is both a psychological problem and a personality deficit which causes the spouse to seek out a partner with an addiction (Futterman, 1953; Kalashian, 1959; Lewis, 1954). The second model, the stress theory, also says that the wife's behavior contributes to the husband's addiction, but not as seriously. According to this theory, behavior is not a primary personality disturbance, but is a coping mechanism developed to maintain family functioning and stability (Edwards et al., 1973; Nace, 1982). These two perspectives differ in that the first tries to identify personality traits which increase the probability that the individual will select an alcoholic or abusive mate, and then encourages these tendencies in their partner; whereas the second focuses on stress created by being married to an alcoholic partner and suggests that such characteristics are the result of stress (Jacob, Favorini, Meisel & Anderson, 1978).

Martin (1988) cites Smalley's (1984) definition of codependency as a pattern of learned behaviors, beliefs and feelings that make life painful, and Martin agrees that most codependents exhibit a self-identity problem and low self-esteem. Smalley (1984) also states that codependency is marked by a dependence on other people combined with neglect of self to the point of having little self identity. One learns to be codependent

from others around them. It is modeled and taught by people in their lives and is reinforced by the media, government, religion, and helping professionals. Smalley (1984) stated that codependents exhibit the following characteristics: (1) trouble identifying and expressing feelings, (2) trouble forming and maintaining relationships, (3) forming unrealistic expectations for themselves and others, (4) generating feelings of responsibility for other peoples' behavior, (5) feeling the constant need for others' approval in order to feel good about themselves, (6) having difficulty making decisions, and (7) having feelings of powerlessness, as if nothing one does makes any difference. Subby (1987) agrees with the belief that codependency is learned and modeled within the family system and describes the three types of family systems in which it thrives the most: (1) the emotionally or psychologically disturbed family system, (2) the physically and sexually abusive family system, and (3) the rigid family system.

Frank & Golden (1992) define codependency as "needing to be with someone (an abuser) who does not function in a healthy way or does not meet the codependent person's needs" (p. 5). Codependency is again seen as "a pattern of painful dependency or compulsive behavior and approval seeking in order to gain safety, identity and self worth" (p. 5). Frank & Golden (1992) also express the belief that codependency is caused by some early deficit, first in their environment and then, as a result, in themselves. This relates to

the factor of low self-esteem which is commonly seen in both codependent and dependent personality disorders. Sharon Wegscheider-Cruse (1985) states that codependents have a preoccupation with and dependence (emotional, social, and physical) on another person which is so extreme that it becomes a pathological condition which affects the codependent in all social relationships.

Walfish (1992) describes codependents as having the following characteristics: depression, anxiety, rebelliousness, family dysfunction, oversensitivity, confusion, and social and emotional isolation. Fear of abandonment is also common in codependents and is believed to result in people pleasing behavior. The assumption is that codependents spend all their time attempting to manage and control alcoholics rather than focusing on their own life and this can result in rage and anger which are suppressed and manifested as other symptoms such as anxiety. Beattie (1987) defines codependency as having two key elements: letting another's behavior affect one and being obsessed with controlling that person's behavior. Beattie (1987) maintains that codependents don't know what they want or need, will give up everything to do something for someone else, tend to worry a lot, and crave love and attention from others. They center their lives around other people, have trouble forming and staying in relationships, and worry that they will be alone. They usually have trouble

expressing themselves and have unrealistic expectations of others (Beattie, 1987). Lyon and Greenberg (1991) believe that codependents have similar symptoms. They describe codependent characteristics as including intense and unstable personal relationships, fear of being alone, feelings of boredom and emptiness, putting the needs of others first, a desire for acceptance, dishonesty and denial, and low self worth (Lyon & Greenberg, 1991).

Although these definitions may vary slightly, many of them relate back to the original addictions definition of codependency. Codependency has been described as an "addiction to looking elsewhere" (Whitfield, 1989, p. 22). The most common addiction codependents develop is the addiction to other people. This addiction comes from focusing so much outside of themselves that they lose touch with what is inside of them (Wright & Wright, 1991). Potter-Efron (1989) described a codependent as "an individual who has been significantly affected in specific ways by current or past involvement in an alcoholic, chemically dependent, or other long term stressful family environment" (p.39). Potter-Efron (1989) also described the characteristics of codependency as including fear, shame/guilt, despair, anger, denial, rigidity, impaired identity development, and confusion. Codependents express fear by having high anxiety levels, being mistrusting of others, avoiding risks, taking on too much responsibility and trying to

control the behaviors of others. Shame is shown by codependents in that they isolate themselves from others and have low self-esteem. Hopelessness, pessimism, and a false sense of failure can be seen in codependents as well as minimization and fear of being alone. As codependents become very dependent on others, they often become confused about what is real and normal (Potter-Efron, 1989).

According to Mendenhall (1989), the dynamics of codependency include "being out of touch with their own experience, getting used to emotional pain, mistaking obsession and control for security and having suppressed anger" (p. 15-17). Codependents try to handle everything because they don't feel that they can trust others and they begin to isolate themselves from everyone. Codependents learn to adjust instead of change and feel a sense of loss and failure.

By examining the concept of codependency, the similarities and differences between codependency and other personality disorders, such as dependent and borderline personalities, can be identified (see Tables 1, 2, & 3). This study also examined the cognitive schema of codependents, dependents, and borderlines, in order to see how these three groups process information differently. It was predicted that cognitive styles found in codependents may be similar to those used by borderlines and dependents. It was hypothesized that if the three personality groups are correlated, there would not be significant differences in the schema which drive their thinking. Not much research has examined this

relationship. In order to be able to either differentiate or integrate codependency as a personality disorder, scientific research must be done, and data must be found to validate these theories.

Method

Participants

This study examined the correlation between codependent, dependent, and borderline personality traits in a college population. One hundred seventy-four undergraduate students at Salisbury State University served as participants for this study. These students were enrolled in psychology classes and participated in the experiment both on a volunteer basis/or as a class requirement. The mean age of participants was 20 years old. No distinction was made among participants in the areas of race or gender. Participants were told that they were taking part in a study to investigate personality variables and how college students use different coping skills to deal with difficult situations. They were advised that if they wanted to find out the results of the experiment that they could contact the experimenter after the experiment was completed.

Instruments

Three assessment instruments were used to measure the various personality traits (see Appendix A). The Potter-Efron Codependency Scale (Potter-Efron & Potter-Efron, 1989), used to assess

codependency, is a thirty-four item true/false measure which explores eight areas thought to be relevant to the concept of codependency: fear, shame/guilt, prolonged despair, rage, denial, rigidity, impaired identity development, and confusion. This scale was modified from the original, which assumes that the participants are aware that they are being assessed for codependency. Because participants in this study were not aware that they were being assessed for these characteristics, it was necessary to phrase the questions as statements and to eliminate the headings of the sections. The yes/no format was changed to true/false in order to make it comparable to the questions on the dependent and borderline scales. The codependency score was compiled by breaking the scale down into its' eight sections. At least two true answers in each section were required to show that the participant exhibited codependent characteristics. Five out of eight sections are needed in order to qualify that person as codependent. Potter-Efron states that although the reliability and validity of this scale have not been fully researched at this time, it has been reported to him by professionals who have used this scale in clinical settings that it appears to accurately assess the characteristics of codependency (personal communication, May 23, 1996). The scale has been used in empirical studies, such as Cowan & Warren's (1994) study, in which they used the scale in combination with another scale to examine the relationship between codependency and gender-

stereotyped traits. Due to the lack of research done on codependency, very few codependency assessments are available.

The Dependent and Borderline Personality subscales from the Millon Clinical Multiaxial Inventory-II (MCMI-II) were used to assess dependent and borderline characteristics (Millon, 1987). There were eighty-three true/false questions on these two scales combined. Each question is weighted either one, two, or three points, depending on the degree to which it measured that characteristic. The scores were calculated by using the weight of each answer and adding the weights of all the borderline and dependent responses. These raw scores were then converted to base rate scores based on the tables in the MCMI-II (Millon, 1987) hand scoring guide and manual. Different tables are used for males and females. Although the cutoff rate for clinical populations is <85, a cutoff score of 74 was used for this study because a non-clinical population was examined. This cutoff is typically used to indicate when someone has traits of a disorder. Only traits are being measured because a normal population was used instead of a clinical sample. Cermak defined traits based on the DSM-III (1980) definition, as "enduring patterns of perceiving, relating to, and thinking about the environment and oneself...exhibited in a wide range of important social and personal contexts" (Cermak, 1986, p.16). He states that traits only become disorders when they are rigid and maladaptive and cause an impairment in functioning

(Cermak, 1986, p. 16).

The mean external criterion validity measure was equal to .47. Measures of internal-structural validity ranged from .51 to .65, indicating that they have high internal consistency as well as strong interscale correlations. Item-scale correspondence was examined using the Kuder-Richardson 20 formula, and it was found that the median KR coefficient for all of the clinical scales was .90 with a range of .81-.95 (Millon, 1987). Because the internal consistency of the scales are so high, the validity of the single scales should be fairly high as well. However because the MCMI-II was not used in its entirety, the scales are not as valid because the three validity scales of the MCMI-II were not given. Without the validity scales, there is no way of knowing if a subject was lying or trying to portray themselves in a positive or negative light. Another problem with the validity of the MCMI-II is that because it was normed on a clinical sample, its use on a normal population may be problematic, and results must be interpreted carefully. It has been found, however, that the test-retest reliability did not suffer significantly when the test was used on normal populations (Millon, 1987).

The Dysfunctional Attitude Scale, created by Arlene Weissman in 1978, was used to measure the cognitive schema used by the various personality groups. Its original use was to assess one's predisposition towards depression, assuming that depression is

marked by schema of absoluteness and perfectionism in the seven areas of approval, love, achievement, perfectionism, entitlement, omnipotence, and autonomy. This scale has been adapted by Burns (1980) and now consists of thirty-five questions which are broken down into seven areas and answered on a Likert scale ranging from "Agree strongly" to "Disagree very much". Agree strongly is assigned a score of -2 and disagree very much was assigned a score of +2, with the other scores falling in between in the categories of agree slightly, neutral, and disagree slightly. Each section is scored separately and a negative score indicates an endorsement of a schema which drives thinking in a way that may prove to be dysfunctional for the person. More reliability and validity information is needed on this scale, however, it has been well used in the area of cognitive therapy and is cited in Burns' Feeling Good (1980).

Procedure

Participants were given an informed consent form (see Appendix B) prior to taking part in the experiment and were instructed not to put their names or social security numbers on the questionnaires. Each participant was given all three self-report questionnaires which were stapled together to ensure that they did not get separated. The Borderline and Dependent subscales of the MCMI-II (Millon, 1987) were first in the packet and were followed by the Potter-Efron Codependency Scale (Potter-Efron, 1989) and the

Dysfunctional Attitude Scale (Burns, 1980). All participants were given the same directions for completion of the questionnaires. They were instructed to answer the questions as truthfully as possible and told that their answers would remain anonymous.

Results

A Pearson Product Moment correlation coefficient statistic was computed using the SPSSX statistical program. Correlations were examined between codependent and dependent scales, between dependent and borderline scales, and between codependent and borderline scales. A significant, positive correlation of $r=.73$ ($p=1$) between codependent and borderline personality traits was found. No significant correlation was found between codependent and dependent personality traits or between dependent and borderline traits. Correlations between these three personality types and the cognitive areas of Dysfunctional Attitude Scale (Weissman, 1978 as adapted by Burns, 1980) were determined as well. Table 4 shows the correlations that were computed, using the SPSSX statistical program. Correlations which were found to be significant at $p<.05$ are marked with an asterisk. Codependency and borderline personality were found to have significant negative correlations with all seven of the cognitive areas (approval, love, achievement, entitlement, omnipotence, perfectionism, and autonomy), while dependent personality was negatively correlated with only two areas (approval and omnipotence) and positively

correlated with perfectionism. Table 5 shows the means and standard deviations which were obtained in the experiment.

Discussion

As the results of the study show, the hypotheses were partially supported. Although no correlation was found between dependent personality traits and codependency, a significant positive correlation was found between borderline traits and codependency. Based on this correlation between borderline and codependency, it would appear that very similar personality constructs are being measured, and that a new category in the Diagnostic and Statistical Manual for codependency may not be needed.

According to the correlations between the personality styles and the Dysfunctional Attitude Scale (Weissman, 1978 as adapted by Burns, 1980), which assessed seven different cognitive areas, borderlines and codependents appear to share similar cognitive schema in all seven areas. Both borderlines and codependents had significant inverse correlations with autonomy. On the Dysfunctional Attitude Scale (DAS), autonomy is measured as the ability to find happiness within oneself. It is evaluated through items such as "If others dislike you, you are bound to be less happy" (Burns, 1980, p. 238). The inverse correlation indicates that the more prominent the borderline or codependent traits that a person exhibits, the more that they believe that their potential

for happiness is based on others. They have the attitude that without another person's love, that they would collapse, and often resort to manipulative behavior when they sense that people are drifting away from them. This fits with the clingy and manipulative behavior typically exhibited by both borderlines and codependents. Both of these types of people do not want to be autonomous because they base their importance on their relationships with others. Autonomy can be related to the enmeshment and lack of boundaries typically seen in borderlines. Boundary distortion often begins when children are either physically or sexually abused or when parents are overprotective (Masterson & Rinsley, 1975).

The DAS assesses love as one's tendency to base their worth on whether or not they are loved by others. These items include statements such as "My happiness is largely dependent on what happens to me" (Burns, 1980, p.241). The negative correlations indicate that people with codependent or borderline traits view love as a need, without which they cannot survive. Approval is also a measure of self-esteem based on how others react to a person and how they think of that person. An example of an item which measures approval is "My value as a person depends greatly on what others think of me" (Burns, 1980, p. 238). Scores are negatively correlated with borderline, codependent, and dependent traits, indicating that they see themselves through other peoples' eyes.

Their emotional well-being is based on what others think of them, and they become anxious or depressed when others criticize them. Based on earlier definitions of borderline personality taken from the Harvard Mental Health Letter (1994), love and approval can both be related to the borderline's instability in personal relations. Smalley's definition of codependency (1984) also described the codependent's problems with maintaining relationships. Both borderlines and codependents usually become so intensely attached to another person that they end up driving them away ("Borderline I & II", 1994). Approval by others is very important to borderlines and codependents, and they will become manipulative and demand attention in order to obtain approval. Codependents feel the constant need for others' approval in order to feel good about themselves because they typically have such low self-esteem (Smalley, 1984; Potter-Efron, 1989).

Inverse correlations found between achievement, and codependent and borderline traits signify that people with these personality traits are typically workaholics and base their self-worth and happiness on their productivity. An example of an item which measures achievement is "I must be a useful, productive, creative person or life has no purpose" (Burns, 1980, p. 239). Borderline and codependent traits correlated inversely with entitlement as well. Entitlement is measured by items such as "If I strongly believe I deserve something, I have reason to expect

that I should get it" (Burns, 1980, p. 239). Borderlines and codependents appear to feel that they are entitled to success, love, and happiness. They expect that their needs will be met by other people and if this doesn't happen, they often feel either inadequate and depressed or very angry.

There were significant inverse correlations with omnipotence for borderlines, codependents, and dependents. Omnipotence means that people with these traits blame themselves inappropriately for the negative actions and attitudes of others which are not under their control. An example of an item which measures omnipotence is "To be a good, worthwhile, moral person, I must try to help everyone who needs it" (Burns, 1980, p. 240). In borderlines and codependents, omnipotence may be linked to splitting and "black and white thinking" (Meissner, 1984). At times, they may see themselves as "all good" and others as "all bad" and feel a sense of power over others. Codependents try to control others by taking care of them. However, at other times, as is shown by our data, borderlines and codependents may see themselves as bad and may idealize their partner. During this phase of splitting, we see devaluation of the self, loss of power and low self-esteem. Dependents also showed an inverse correlation with omnipotence. Dependents do not usually feel any power over others. They have learned to be helpless and want to be taken care of by other people (Meissner, 1984).

Perfectionism was correlated with all three personality groups as well. Perfectionism was evaluated by items such as "A person should try to be the best at everything he undertakes" (Burns, 1980, p. 239). It was negatively correlated with borderlines and dependents, indicating that they demand perfection in themselves and feel that they are supposed to behave superbly all the time. The personal standards that they set for themselves are impossible to meet. Smalley (1984) described codependents as forming unrealistic expectations for both themselves and others. Perfectionism can also be linked to black and white thinking. If the codependent or borderline cannot do things perfectly, then they have failed. Everything is either "all good" or "all bad", and failure is seen as terrible. Even rewards aren't very meaningful, however, because as soon as one goal is reached, another replaces it. Dependent traits were correlated positively with perfectionism. This suggests that dependents may have slightly healthier views of perfectionism than borderlines and dependents. They are able to set flexible and appropriate standards and do not feel that they must always be successful. They do not fear mistakes, but instead see them as an opportunity to learn. Dependents typically do not exhibit the rigid "all or nothing" thought patterns which are found in borderlines and codependents.

Even though on the surface, dependents and codependents seem similar, it may be that they are actually assessing very different

things. Although dependents rely on other people, codependents want people to depend on them. Perhaps these differences are related to the differences found in the cognitive schema. The original definition of codependency seems to be closer to the definition of Borderline Personality Disorder. Between 1937 and 1959, Edwards, Harvey, and Whitehead (1973) found that wives of alcoholics were viewed as aggressive, controlling, domineering, and mothering. They believed that this viewpoint was inaccurate and that in reality, wives of alcoholics exhibited normal personalities of different types (as cited by Denise Martin, 1988). However with the many different definitions that the term "codependency" has had over the years, it is possible that the true definition has been lost, and instead codependents have become identified with dependents. Based on this study, as well as previous descriptions by Potter-Efron (1989), which define codependency in terms of rigidity, impaired identity, rage, fear and anxiety, and confusion, it is evident that borderlines and codependents are very similar and may even be able to be placed into one category.

It is important to keep in mind that this is an exploratory study. Before it can be concluded that borderline personality and codependency are similar constructs which share personality traits and cognitive schema, other characteristics that may be involved in codependency need to be examined. Cermak (1986) stated that codependency could not be collapsed into a preexisting category.

He suggests that a diagnosis of Mixed Personality may be more accurate because it would take at least the four categories of Alcohol Dependence, Borderline Personality, Dependent Personality, and Histrionic to accurately describe codependency, as well as possibly an additional category made up of associated features (Cermak, 1986). Therefore it may also be necessary to compare alcohol dependence and histrionic personality traits to codependency and see how strongly they are related to the concept. A finer analysis of borderlines and codependents would also be needed to see exactly where the similarities lie, as well as looking at the characteristics of Borderline personality that may overlap with Narcissistic and Histrionic personality traits.

This study would need to be replicated to ensure that there is no correlation between dependent personality and codependency. It also may be useful to try another codependency scale to assess codependency because the psychometric properties of the Potter-Efron scale have not been studied in depth. It might be helpful as well to use other personality assessment instruments which may be intended more for use with normal populations. Item analyses and test-retest reliability for the three questionnaires that were used would also need to be examined. It may also be informative to replicate the study with a larger population or perhaps a clinical sample to see if the similarities still persist. Although this study used a normal population, a wide range of scores on the

Borderline and Dependent subscales of the MCMI-II (Millon, 1987) were obtained. Base rate scores ranged from 0 to 121 on the Borderline subscale with 8% of the participants scoring in the clinical range of >85. On the Dependent subscale, scores ranged from 0 to 104, with 14% of the participants scoring in the clinical range.

Once the correlation is established between Borderline personality and codependency, it may also be interesting to examine the relationships of codependents to see how satisfying they are, because borderline relationships usually fail. It would also be intriguing to look at the rate of which borderlines and codependents become involved in relationships with dependents. It may be helpful as well to look at the implications for treatment of codependency. If in fact codependents are similar to borderlines, they may be very hard to treat, as borderlines have proven to be. However the treatment that generally seems to be effective with Borderline personality, such as Linehan's cognitive-behavioral therapy, may also be effective with codependency.

REFERENCES

American Psychiatric Association. (1980). Diagnostic and Statistical Manual of Mental Disorders, (3rd ed.), Washington, D.C.

American Psychiatric Association. (1994). Diagnostic and Statistical Manual of Mental Disorders, (4th ed.), Washington, D.C.

Abraham, K. (1924). The influence of oraleroticism on character formation. Selected Papers on Psychoanalysis.London: Hogarth.

Adler, G. (1985). Psychopathology and Its Treatment. New York: Jason Aronson.

Arntz, A. (1994). Treatment of Borderline Personality Disorder: a challenge for cognitive-behavioral therapy. Behavior Research Therapy, 32, 419-430.

Beattie, M. (1987). Codependent No More. New York: Harper/Hazeldon.

Berk, L. (1989). Child Development. Needham Heights, MA: Allyn & Bacon.

Bezirganian, S., Cohen, P. & Brook, J. (1993). The impact of mother-child interaction on the development of Borderline Personality Disorder. American Journal of Psychiatry, 150, 1836-1842.

Bloxham, G., Long, C.G., Alderman, N. & Hollin, C.R. (1993). The behavioral treatment of self-starvation and severe self-injury in a patient with Borderline Personality Disorder. Journal of

Behavior Therapy & Experimental Prevention, 24, 261-267.

Borderline Personality-Parts I & II. (1994, July). Harvard Mental Health Letter Supplement, 1-5.

Borderline Personality-Part III. (1994, July). Harvard Mental Health Letter, 11, 1-3.

Bornstein, R. (1992). The dependent personality: developmental, social, and clinical perspectives. Psychological Bulletin, 112, 3-23.

Braverman, B. & Shook, J. (1987). Spotting the Borderline. American Journal of Nursing. 200-203.

Burns, D. (1980). Feeling Good: The New Mood Therapy. New York: Signet Books.

Cermak, T. (1986). Diagnostic criteria for codependency. Journal of Psychoactive Drugs, 18, 15-20.

Collins, B.G. (1993). Reconstruing codependency using self-in-relation theory. Social Work, 38, 470-476.

Coudert, J. (1972). The Alcoholic in Your Life. New York: Warner Paperback Library.

Cowan, G. & Warren, L.W. (1994). Codependency and gender-stereotyped traits. Sex Roles, 30, 631-645.

Diener, R. (1967). Prediction of dependent behavior in specified situations from psychological tests. Psychological Reports, 20, 103-108.

Dungee-Anderson, D. (1992). Self-nurturing: a cognitive

behavioral treatment approach for the Borderline client. Clinical Social Work Journal, 20, 295-312.

Edwards, P., Harvey, C. & Whitehead, P. (1973). Wives of alcoholics: a critical review and analysis. Quarterly Journal of Studies on Alcohol, 34, 112-132.

Fischer, J.L., Spann, L. & Crawford, D. (1991). Measuring codependency. Alcoholism Treatment Quarterly.

Frank, P.B. & Golden, G.K. (1992). Blaming by naming: battered women and the epidemic of codependence. Social Work, 37, 5-6.

Friel, J. (1985). Codependence assessment inventory: preliminary research tool. Focus on Family & Chemical Dependency, 8, 20-21.

Friel, J. & Friel, L. (1988). Adult children: the secrets of dysfunctional families. Health Communications.

Friel, J., Subby, R., & Friel, L. (1984). Codependency and the search for identity. Health Communications.

Fromm, E. (1947). Man For Himself. New York: Rinehart.

Futterman, S. (1953). Personality trends in wives of alcoholics. Journal of Psychiatric Social Work, 23, 37-41.

Goldman, S., D'Angelo, E. & DeMaso, D. (1993). Psychopathology in the families of children and adolescents with Borderline Personality Disorder. American Journal of Psychiatry, 150, 1832-1835.

Gunderson, J.G., Kerr, J. & Englund, D.W. (1980). The families of borderlines: a comparative study. Archives of General Psychiatry, 37, 27-33.

Harper, J. & Capdevila, C. (1990). Codependency: a critique. Journal of Psychoactive Drugs, 22, 282-292.

Hirschfeld, R., Klerman, G., Gough, H., Barrett, J., Korchin, S., Chodoff, P. (1977). A measure of interpersonal dependency. Journal of Personality Assessment, 41, 610-618.

Jacob, T., Favorini, A., Meisel, S., & Anderson, C. (1978). The alcoholic's spouse, children, and family interactions: substantive findings and methodological issues. Journal of Studies on Alcohol, 39, 1231-1251.

Kalashian, M. (1959). Working with the wives of alcoholics in an outpatient clinic setting. Marriage and Family, 21, 130-133.

Kaplan, C. (1986). The challenge of working with patients diagnosed as having a Borderline Personality Disorder. Nursing Clinics of North America, 21, 429-437.

Kraeplin, E. (1913). Psychiatrie. (8th ed.). Leipzig: J. Barth.

Kramen, J. & Conoley, J. (1992). Eleventh Annual Mental Measurements Yearbook. Univ. of Nebraska Press. 530-534.

Lewis, M. (1954). The initial contact with wives of alcoholics. Social Casework, 35, 8-14.

Links, P.S., Boiago, I., Huxley, G., Steiner, M. & Mitton,

J.E. (1990). Sexual Abuse and Biparental Failure as Etiologic Models in Borderline Personality, in Family Environment, and Borderline Personality Disorder, Washington, DC: American Psychiatric Press.

Lyon, D. & Greenberg, J. (1991). Evidence of codependency in women with an alcoholic parent: helping out Mr. Wrong. Journal of Personality and Social Psychology, 61, 435-439.

Mahler, M.S., Pine, F. & Bergman, A. (1975). The Psychological Birth of the Human Infant. New York: Basic Books.

Martin, D. (1988). A review of the popular literature on codependency. Contemporary Drug Problems, 15, 383-398.

Masterson, J. & Rinsley, D. (1975). The borderline syndrome: the role of the mother in the genesis and psychic structure of the borderline personality. International Journal of Psychoanalysis, 56, 163-177.

Meissner, W.W. (1984). Clinical differentiation of Borderline syndromes from the psychoses. Psychoanalytic Review, 71, 185-210.

Mellody, P. (1989). Facing Codependence. San Francisco: Harper & Row.

Mendenhall, W. (1989). Codependency definitions and dynamics. Alcoholism Treatment Quarterly, 6, 75-86.

Millon, T. (1987). Millon Clinical Multiaxial Inventory-II. Minneapolis, MN: National Computer Systems.

Morgan, J.P. (1991). What is codependency? Journal of

Clinical Psychology, 47, 720-729.

Nace, E. (1982). Therapeutic approaches to the alcoholic marriage. Psychiatric Clinics of North America, 5, 543-564.

Nurnberg, H.G., Raskin, M., Levine, P., Pollack, S., Siegel, O. & Prince, R. (1991). The comorbidity of Borderline Personality Disorder and other DSM-III R Axis II Personality Disorders. American Journal of Psychiatry, 148, 1371-1377.

O'Brien, P. & Gaborit, M. (1992). Codependency: a disorder separate from chemical dependency. Journal of Clinical Psychology, 48, 129-135.

Patrick, J. (1993). Validation of the MCMI-I Borderline Personality Disorder scale with a well-defined criterion sample. Journal of Clinical Psychology, 49, 28-32.

Peele, S. & Brodsky, A. (1975). Love & Addiction. New York: Signet.

Pine, F. (1986). On the development of the Borderline child-to-be. American Journal of Orthopsychiatry, 56, 450-456.

Potter-Efron, R. & Potter-Efron, P. (1989a). Assessment of codependency with individuals from alcoholic and chemically dependent families. Alcoholism Treatment Quarterly, 6, 37-57.

Potter-Efron, R. & Potter-Efron, P. (1989b). Codependency treatment. Alcoholism Treatment Quarterly, 6, 75-86.

Potter-Efron, R. & Potter-Efron, P. (1989c). Outpatient codependency treatment. Alcoholism Treatment Quarterly, 6, 151-167.

Reich, J. (1990). Comparisons of males and females with DSM-III dependent personality disorder. Psychiatry Research, 33, 207-214.

Rice, J. (1992). Discursive formation, life stories, and the emergence of codependency: "Power/knowledge" and the search for identity. The Sociological Quarterly, 33, 337-364.

Schaef, A.W. (1986). Codependence: Misunderstood-Mistreated. New York: Harper & Row.

Shearin, E. & Linehan, M. (1992). Patient-therapist ratings & relationship to progress in dialectical behavior therapy for Borderline Personality Disorder. Behavior Therapy, 23, 730-741.

Smalley, S. (1984). Codependency: An Intimacy Dilemma. New Brighton, MN: SBS Publications.

Subby, R. (1987). Family foundation of codependent reality. Focus Magazine, Mar/April. 6-7, 36, 46.

Walfish, S., Stenmar, D., Shealy, S., and Krone, A. (1992). MMPI profiles of women in codependency treatment. Journal of Personality Assessment, 58, 211-214.

Weaver, T. & Clum, G. (1993). Early family environments & traumatic experiences associated with Borderline Personality Disorder. Journal of Consulting & Clinical Psychology, 61, 1068-1075.

Wegscheider, S. (1981). From the family trap to family freedom. Alcoholism, January-February, 36-39.

Wegscheider-Cruse, S. (1985). Choicemaking: for codependents, adult children & spirituality seekers. Health Communications.

Wester, C. (1989). Managing the Borderline Personality. Nursing Management. 49-51.

Whitfield, C. (1989). Codependence: our most common addiction-some physical, mental, emotional, and spiritual perspectives. Alcoholism Treatment Quarterly, 6, 19-36.

Whitfield, C. (1984). Coalcoholism: recognizing a treatable disease. Family & Community Health, 7, 16-25.

Wright, P. & Wright, K. (1991). Codependency: addictive love, adjustive relating, or both? Contemporary Family Therapy, 13, 435-454.

Young, E. (1987). Coalcoholism as a disease: implications for psychotherapy. Journal of Psychoactive Drugs, 19, 257-268.

Zanarini, M., Gunderson, J., Frankenburg, F. & Chauncey, D. (1990). Discriminating Borderline Personality Disorder from other Axis II disorders. American Journal of Psychiatry, 147, 161-167.

Zweig-Frank, H. & Paris, J. (1991). Parents' emotional neglect & overprotection according to the recollections of patients with Borderline Personality Disorder. American Journal of Psychiatry, 148, 648-651.

Table 1

Codependent Characteristics

(1) Self esteem dependent on their ability to control others

(2) Assuming responsibility for meeting others' needs & ignoring their own need

(3) Boundary distortions in intimate relationships

(4) Enmeshment in relationships with personality disordered or drug dependent individuals

(5) Possibility of: dramatic outbursts, depression, hypervigilance, compulsions, anxiety, denial, substance abuse, recurrent physical or sexual abuse, stress related illness, & primary relationship with an active substance abuser

(6) inability to identify & express feelings

(7) trouble forming & maintaining relationships

(8) unrealistic expectations of themselves and others

(Cermak, 1986; Smalley, 1984).

Table 2

Borderline Characteristics

(1) Efforts to avoid real or imagined abandonment

(2) Patterns of unstable & intense interpersonal relationships

(3) Alternating between idealization & devaluation

(4) Identity disturbance

(5) Impulsivity

(6) Recurrent suicidal behavior

(7) Instability in mood

(8) Chronic feelings of emptiness

(9) Transient stress related to paranoid ideation or dissociation

(DSM-IV, 1994)

Table 3

Dependent Characteristics

(1) An excessive need to be taken care of

(2) Submissive, clinging behavior

(3) Difficulty making decisions

(4) A need for reassurance

(5) A need for others to accept responsibility for his/her life

(6) Difficulty expressing disagreement with others due to fear of loss of approval

(7) Difficulty initiating projects

(8) Going to lengths to obtain nurturance from others

(9) Feelings of helplessness

(10) Fears of being alone

(11) A need to be in a relationship

(12) Emotional reliance on another person

(13) Lack of social self-confidence and autonomy

(14) Compliance with others' demands

(DSM-IV, 1994; Hirschfeld et al., 1977).

Table 4

Correlations Between Personality Variables

	B	D	C	A	L	AC	P	E	O	AU
B	1.00	-.09	* .73	* -.24	* -.29	* -.37	* -.26	* -.17	* -.16	* -.35
D	-.09	1.00	-.01	* -.20	.01	.04	* .18	-.04	* -.16	-.05
C	* .73	-.01	1.00	* -.31	* -.37	* -.36	* -.24	* -.17	* -.24	* -.39
A	* -.24	* -.20	* -.31	1.00	.46	* .41	* .31	* .24	* .31	* .37
L	* -.29	.01	* -.37	* .46	1.00	* .49	* .39	* .33	* .31	* .34
AC	* -.37	.04	* -.36	* .41	* .49	1.00	* .49	* .23	* .28	* .28
P	* -.26	* .18	* -.24	* .31	* .39	* .49	1.00	* .41	* .36	* .35
E	* -.17	-.04	* -.17	* .24	* .33	* .23	* .41	1.00	* .40	* .48
O	* -.16	* -.16	* -.24	* .31	* .31	* .28	* .36	* .40	1.00	* .52
AU	* -.35	-.05	* -.39	* .37	* .34	* .28	* .35	* .48	* .52	1.00

* $p < .05$

B = Borderline
C = Codependency
D = Dependent
L = Love
AC = Achievement
O = Omnipotence
P = Perfectionism
E = Entitlement
A = Approval
AU = Autonomy

Table 5

Means and Standard Deviations

Variable	Cases	Mean	Std. Dev.
B	174	49.31	26.28
D	174	56.98	30.75
C	174	3.79	2.15
A	174	1.62	3.65
L	174	2.39	4.04
AC	174	4.05	4.20
P	174	.81	3.47
E	174	-1.44	4.19
O	174	1.70	3.51
AU	174	.18	4.00

Appendix A - Questionnaires

True or False:

1. I believe in being strong willed and determined in everything I do.

2. In the last few weeks I begin to cry even when the slightest of things goes wrong.

3. As a teenager, I got into lots of trouble because of bad school behavior.

4. I am content to be a follower of others.

5. Sometimes I can be pretty rough and mean in my relations with my family.

6. I get very annoyed with people who never seem able to do things right.

7. If my family puts pressure on me, I'm likely to feel angry and resist doing what they want.

8. I often feel I should be punished for the things I have done.

9. Other people seem more sure than I am of who they are and what they want.

10. I tend to burst out in tears or in anger for unknown reasons.

11. I began to feel lonely and empty about a year or two ago.

12. I have a talent to be dramatic.

13. When I run into a crisis, I quickly look for someone to help me.

14. Other people get more angry about bothersome things than I do.

15. My drug habits have often gotten me into a good deal of trouble in the past.

16. Lately, I find myself crying without any reason.

17. In the past I've gotten involved sexually with many people who didn't matter much to me.

18. I find it hard to sympathize with people who are always unsure about things.

19. I am a very agreeable and submissive person.

20. My own "bad temper" has been a big cause of my troubles.

21. I don't mind bullying others to get them to do what I want.

22. I am a quiet and fearful person.

23. I'm a very erratic person, changing my mind and feelings all the time.

24. I feel very tense when I think of the day's happenings.

25. Lately, my strength seems to be draining out of me, even in the morning.

26. I began to feel like a failure some years ago.

27. I have always had a terrible fear that I will lose the love of people I need very much.

28. I seem to go out of my way to let people take advantage of me.

29. Lately, I have begun to feel like smashing things.

30. I have given serious thought recently to doing away with myself.

31. I am always looking to make new friends and meet new people.

32. Some people say I enjoy suffering.

33. I often let my angry feelings out and then feel terribly guilty about it.

34. Lately, I feel jumpy and under terrible strain, but I don't know why.

35. I can't seem to sleep, and wake up just as tired as when I went to bed.

36. I've done a number of stupid things on impulse that ended up causing me great trouble.

37. I never forgive an insult or forget an embarrassment that someone caused me.

38. We should respect earlier generations and not think we know better than they.

39. I am the sort of person that others take advantage of.

40. I always try hard to please others, even when I dislike them.

41. Serious thoughts of suicide have occurred to me for many years.

42. I've always had less interest in sex than most people do.

43. I can't understand it, but I seem to enjoy hurting persons I love.

44. I don't see anything wrong with using people to get what I want.

45. Punishment never stopped me from doing what I wanted.

46. I ran away from home as a teenager at least once.

47. I very often say things quickly that I regret having said.

48. For some time now I've been feeling very guilty because I can't do things right anymore.

49. I've become quite discouraged and sad about life in the past year or two.

50. I don't know why, but I sometimes say cruel things just to make others unhappy.

51. I speak out my opinions about things no matter what others may think.

52. When someone in authority insists that I do something, I'm likely to put it off or do it poorly on purpose.

53. I am always willing to give in to others to avoid disagreements.

54. I just don't have the strength to fight back anymore.

55. I often think that I don't deserve the good things that happen to me.

56. I feel pretty aimless and don't know where I'm going in life.

57. Sometimes I feel like I must do something to hurt myself or someone else.

58. It is very easy for me to make many friends.

59. My moods seem to change a great deal from one day to the next.

60. I don't blame anyone who takes advantage of someone who allows it.

61. I've changed jobs more than three times in the past couple of years.

62. For some time now I've been feeling sad and blue and can't seem to snap out of it.

63. I think it is always best to seek help in what I do.

64. I really get annoyed with people who expect me to do what I don't want to do.

65. In the last few years, I have felt so guilty that I may do something terrible to myself.

66. I sometimes get confused and feel upset when people are kind to me.

67. My use of so-called illegal drugs has led to family arguments.

68. There are members of my family who say I'm selfish and think only of myself.

69. Frankly, I lie quite often to get out of trouble.

70. People can easily change my ideas, even if I thought my mind was made up.

71. My parents often told me that I was no good.

72. I have great respect for those in authority over me.

73. I deserve the suffering I've gone through in life.

74. My feelings toward important people in life often swing from loving them to hating them.

75. My parents always disagreed with each other.

76. I think highly of rules because they are a good guide to follow.

77. I used to be really restless, traveling around from place to place with no idea of where I would end up.

78. I can't stand people who are late for appointments.

79. I get very irritated if someone demands that I do things his way rather than my own.

80. Lately, I have gone all to pieces.

81. I seem to encourage the people I love to hurt me.

82. People who I admired greatly at first have often become real disappointments to me later.

83. I prefer to be with people who will be protective of me.

True or false:

1. You often become preoccupied with the problems of others.

2. You feel a need to keep situations "under control".

3. You take more than your fair share of responsibility for tasks that have to be done.

4. You worry and feel anxious about the future and things that may happen.

5. You are afraid to approach others directly.

6. You often avoid taking risks with people because it is hard for you to trust.

7. You often feel ashamed, not only about your behavior, but about the behavior of others as well.

8. You feel guilty about the problems of others in your family.

9. You withdraw from social contact when you are feeling upset.

10. You sometimes hate yourself.

11. You cover up bad feelings about yourself by acting too confidently.

12. You often feel hopeless about changing your current situation.

13. You feel pessimistic about the world in general.

14. You have a sense of low self worth or failure that does not reflect your skills and accomplishments.

15. You often feel angry with others or with yourself.

16. You are afraid of losing control if you get really mad.

17. You are angry at God.

18. You sometimes get back at others in sneaky ways, perhaps without fully realizing it at the time.

19. You often deny problems with your family.

20. You tell yourself that these problems are not that bad.

21. You justify the irresponsible behavior of others in your family.

22. You do not look at all the alternatives when there are problems.

23. You feel troubled if anyone upsets your usual routine.

24. You tend to see moral issues in black and white terms.

25. You tend to "get stuck" in certain feelings such as guilt, love, or anger.

26. You have trouble asking for what you want and need.

27. You feel pain right along with another person who is in pain.

28. You need to have another person around in order to feel worthwhile.

29. You worry a great deal about how others perceive you.

30. You sometimes wonder what it means to be "normal".

31. You sometimes feel like you must be "crazy".

32. You find it difficult at times to identify what you are feeling.

33. You have a tendency to be gullible and to be easily taken in by others.

34. You are indecisive and often have a hard time making up your mind.

Please place a check under the column which you feel best describes you.

	Agree Strongly	Agree Slightly	Neutral	Disagree Slightly	Disagree Very Much
1. Criticism will obviously upset the person who receives the criticism.					
2. It is best to give up my own interests in order to please other people.					
3. I need other people's approval in order to be happy.					
4. If someone important to me expects me to do something, then I really should do it.					
5. My value as a person depends greatly on what others think of me.					
6. I cannot find happiness without being loved by another person.					
7. If others dislike you, you are bound to be less happy.					
8. If people whom I care about reject me, it means there is something wrong with me.					

	Agree Strongly	Agree Slightly	Neutral	Disagree Slightly	Disagree Very Much
9. If a person I love does not love me, it means I am unlovable.					
10. Being isolated from others is bound to lead to unhappiness.					
11. If I am to be a worthwhile person, I must be truly outstanding in at least one major respect.					
12. I must be a useful, productive, creative person or life has no purpose.					
13. People who have good ideas are more worthy than those who do not.					
14. If I do not do as well as other people, it means that I am inferior.					
15. If I fail at my work, then I am a failure as a person.					
16. If you cannot do something well, there is little point in doing it at all.					
17. It is shameful for a person to display his weaknesses.					

	Agree Strongly	Agree Slightly	Neutral	Disagree Slightly	Disagree Very Much
18. A person should try to be the best at everything he undertakes.					
19. I should be upset if I make a mistake.					
20. If I don't set the highest standards for myself, I am likely to end up a second-rate person.					
21. If I strongly believe I deserve something, I have reason to expect that I should get it.					
22. It is necessary to become frustrated if you find obstacles to getting what you want.					
23. If I put other people's needs before my own, they should help me when I need something from them.					
24. If I am a good husband or wife, then my spouse is bound to love me.					
25. If I do nice things for someone, I anticipate that they will respect me and treat me just as well as I treat them.					

	Agree Strongly	Agree Slightly	Neutral	Disagree Slightly	Disagree Very Much
26. I should assume responsibility for how people feel and behave if they are close to me.					
27. If I criticize the way someone does something and they become angry or depressed, this means I have upset them.					
28. To be a good, worthwhile, moral person, I must try to help everyone who needs it.					
29. If a child is having emotional or behavioral difficulties, this shows that the child's parents have failed in some important respect.					
30. I should be able to please everybody.					
31. I cannot expect to control how I feel when something bad bad happens.					

	Agree Strongly	Agree Slightly	Neutral	Disagree Slightly	Disagree Very Much
32. There is no point in trying to change upsetting emotions because they are a valid and inevitable part of daily living.					
33. My moods are primarily created by factors that are largely beyond my control, such as the past, or body chemistry, or hormone cycles, or biorhythms, or chance, or fate.					
34. My happiness is largely dependent on what happens to me.					
35. People who have the marks of success (good looks, social status, wealth, or fame) are bound to be happier than those who do not.					

Appendix B

Salisbury State University
Informed Consent

I am currently conducting a study concerning personality variables. I am seeking the assistance of Salisbury State University students in completing a questionnaire concerned with responses to relationships and attitudes held by individuals in our society.

The questionnaire should take about fifteen minutes of your time to complete. Your confidentiality will be ensured. You will not be asked to put your name or social security number on the questionnaire. The only information that I need on the questionnaire is your age and gender.

Your cooperation and participation are strictly voluntary and your choice to participate or not to participate will in no way affect your grade. You may leave any particular questions unanswered or may choose not to complete the questionnaire. Your participation is very valuable and will help us to study how certain personality variables correlate with other personality variables.

If you have any questions about this study or would be interested in the results, please contact Lisa Caccamise, telephone 742-0656 or Dr. Stovall in the Psychology Department at 548-5900. Thank you for your cooperation.

You are making a decision whether to participate. Your signature indicates that you have decided to participate having read the information provided.

Signature _____

1/96